CONTACT TRACING QUESTIONNAIRE

Name: .....

Nationality: .....

Date and time of test / symptom onset: .....

Team Covid-19 Manager:.....

Consenting parent* for minors: .....

In you have Covid-19 symptoms / a positive PCR COVID-19 test, please, list all people who were within 1.5 m of you for at least 15 minutes starting from 2 days before illness onset or 2 days prior to specimen collection until today. List as many people you can remember.

Name/ Position of the person	**Date of interaction**	**Duration of interaction**	**Location of interaction**	**Activity description**

Signature*: ....

Print name*: ....

Date: ....

Delegation COVID-19 Manager Athlete / parent*

Consenting parent*: parent, caretaker, authorised person to sign a consent on behalf of a minor.