



## Awareness and Prevention Form (COVID-19)

The unfortunate spread of the Novel Coronavirus infection is of concern to us all and we have implemented precautions in this respect.

Therefore, we kindly request all of our delegates to complete and return this Awareness and Prevention Form upon arrival to the training center.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

No.	Question	Yes	No
1	Do you have any Corona-like symptoms (fever, cold, cough)?		
2	Did you have any Corona-like symptoms (fever, cold, cough) within the last 48 hours?		
3	Are you aware that you have had any contact to a person infected or suspected to be infected with the Novel Coronavirus?		
4	Have you been traveling to any prohibited locations as per guidelines of the national authorities in the past 2 weeks?		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation of performed Access Screening and review of Awareness and Prevention Form:

Staff signature:

We also encourage to continuously focus on the typical measures to reduce exposure to and transmission of infection, which include **thorough hand hygiene** and to cover nose and mouth when coughing and sneezing with tissue or flexed elbow.

If you have any questions, please contact one of the staff.