

Date	
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List of incoming-outcoming athletes to the sports facility for the possible need of tracking contacts due to COVID-19.

#	Forename & Surname	Capacity	Address	e-mail	Mobile phone.	Embarkation Time	Symptoms	Signature**	Dis-embarkation
1									
2									
3									
4									
5									
6									
7									
8									
9									
0									

*Identify if you have any of these symptoms: fever, cough, shortness of breath, fatigue/myalgia, diarrhea, anosmia with a "Yes", otherwise note "No".

** The signature confirms that the data are true and declares the acceptance and observance of the terms of use of the sports facility as they have been set from the State and the responsible authorities during this period.