

Personal Location Form (PLF).

Name as it appears on the ID or in the Passport or other valid identity document:

Address during the competition (street / apartment / city / postal number / country):

Phone number:

Email:

Countries that you visited or where you were in the last 7 days:

Answer the following questions regarding the last 14 days:

	QUESTIONS	YES	NO
1	Did you have close contact with someone diagnosed with COVID-19 disease?		
2	Did you provide direct care to COVID-19 patients?		
3	Did you visit or stay in a closed environment with a patient with COVID-19 disease?		
4	Did you work / study closely or sharing the same work or class environment with COVID-19 patients?		
5	Have you traveled with a COVID-19 patient by any means of transportation?		
6	Have you lived in the same house as a COVID-19 patient?		