



REAL FEDERACIÓN ESPAÑOLA DE GOLF



PERSONAL LOCATION FORM

To be completed by all participants in the competition:

Name and Surname: <i>(As they appear on the DNI or in the Passport or other valid identity document)</i>	
Address during the competition: <i>(Street/Apartment/number, town/Country:</i>	
Mobile Phone:	
E-mail:	
Countries and cities you visited or where you were in the last 7 days:	

Answer the following questions in relation to the last 14 days.

1.- Have you had close contact with someone diagnosed with COVID-19?

☐ YES ☐ NO

2.- Have you provided direct care to COVID-19 patients?

☐ YES ☐ NO

3.- Have you visited or stayed in a closed environment with a patient with COVID-19 disease?

☐ YES ☐ NO

4.- Have you worked / studied closely or shared the same work or class environment with COVID-19 patients?

☐ YES ☐ NO

5.- Have you traveled with a COVID-19 patient by any means of transportation?

☐ YES ☐ NO

6.- Have you lived in the same home as a COVID-19 patient?

☐ YES ☐ NO

SIGNATURE:

Date:

This information may be shared with local Public Health authorities to allow rapid contact tracing if a participant in the event suffers from the COVID-19 disease or came in contact with a confirmed case.

