



Appendix A
Sample Personal Location Form (PLF)
To be completed by all participants of the event

Name as shown in the passport or other ID:

Your permanent address (street/apartment/City/postal number/Country):

Your address during the event:

Your telephone number:

Your e-mail address:

Countries that you visited or stayed in last 14 days

Within the past 14 days, have you:

had close contact with anyone diagnosed as having Coronavirus disease COVID-19?	YES	NO
provided direct care for COVID-19 patients?		
visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?		
worked together in close proximity, or sharing the same classroom environment with COVID-19 Patient?		
traveled together with COVID-19 patient in any kind of conveyance?		
lived in the same household as a COVID-19 patient?		
have any of the main symptoms: a high temperature, a new continuous cough, or loss or change to your sense of smell or taste, plus additional ones: malaise, shortness of breath, breathing difficulties, muscle or body aches, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea		