

**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 cough, fever, malaise, shortness of breath, breathing difficulties, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea		