

JIU-JITSU SUMMER CAMP 2020 REGISTRATION FORM

Surname_____

First Name_____

Age_____

Birthdate_____ (DD/MM/YY)

Address_____

Belt level_____

Home/Mobile Numer _____/_____

Work Number _____/_____

E-mail_____

Parent/Legal Guardian names_____

Emergency Contact Details

Name_____

Mobile Number: _____

Home Number: _____

Work Number: _____

Medical History

- Check the conditions that apply to you or to any members of your immediate family: *

Asthma
Cancer
Cardiac disease
Diabetes
Hypertension
Psychiatric disorder
Epilepsy

- Check the symptoms that you are currently experiencing: *

Chest pain
Respiratory
Cardiac disease
Cardiovascular
Hematological
Lymphatic
Neurological
Psychiatric
Gastrointestinal
Genitourinary
Weight gain
Weight loss
Musculoskeletal

- Are you currently taking any medication? *

Yes
No

If yes, please specify: _____

- Do you have any medication or food allergies? *

Yes
No
Not Sure

If yes, please specify: _____

The definition of Close Contact persons (COVID19)

A close contact is someone who has been face to face for at least 15 minutes or been in the same closed space for at least 2 hours, as someone who has tested positive for the COVID-19 when that person was infectious

High risk cases that needs to be identified and isolated immediately:	Yes	No	Remark
Have you been tested for COVID-19 in the last 48 hours?			
Are you living in the same household with a COVID-19 case?			
Did you have direct physical contact with a COVID-19 case (e.g. shaking hands). ?			
Did you have unprotected direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand)?			
Did you have face-to-face contact with a COVID-19 case within 2 meters and 15 minutes?			
Were you in closed environment (e.g.meeting room, hospital waiting room, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 2 meters?			

Name: _____

Date: _____

Signature: _____