**Obrazac za praćenje kontakta (*Personal Location FormPLF*) Ispunjavaju ga svi sudionici (natjecatelji i prateće osoblje)**

Ime u putovnici ili drugom osobnom dokumentu/ Name in passport or other personal document:

Vaša stalna adresa (ulica / grad / poštanski broj / država)/ Your permanent address (street / city / postcode / country:

Ime jedrilice na kojoj se natječete:/boat number

Vaš telefonski broj/ phone number:

Vaša email adresa/ email address:

Zemlje koje ste posjetili ili boravili u zadnjih 14 dana/ Countries you have visited or stayed in the last 14 days

**Da li ste u posljednjih 14 dana/:** **Have you in the last 14 days**

|  |  |  |
| --- | --- | --- |
|  | DAYES | NENO |
| imali bliski kontakt s bilo kime kome je dijagnosticirana COVID-19 bolest?had close contact with anyone diagnosed with COVID-19 disease? |  |  |
| pružili izravnu njegu oboljelom od COVID-19 bolesti?provided direct care to COVID-19 patients? |  |  |
| posjetili ga ili boravili u zatvorenom okruženju s bilo kojim bolesnikom s COVID-19 bolešću?visited him or stayed in a closed environment with any patient with COVID-19 disease? |  |  |
| radili u neposrednoj blizini ili dijelili istu prostoriju s oboljelim od COVID-19 bolesti?worked nearby or shared the same room with a COVID-19 patients? |  |  |
| putovali zajedno s oboljelim od COVID-19 bolesti u bilo kojoj vrsti prijevoznog sredstva?traveled with a COVID-19 patients in any type of vehicle? |  |  |
| živjeli u istom domaćinstvu s bolesnikom oboljelim od COVID-19 bolesti?lived in the same household with a patient with COVID-19 disease? |  |  |

***I agree to be bound by The Racing Rules of Sailing, Notice of Race and by all other rules that govern this event.***

***By signing, I undertake to follow all instructions of the Organizer and HZJZ regarding the COVID 19 epidemic***

Datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potpis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_