



Do you or a housemate have a fever and / or shortness of breath?	YES	NO
Have you had the Coronavirus in the past 7 days?	YES	NO
Do you have a roommate / family member who has had the Coronavirus in the past 14 days?	YES	NO
Are you in home isolation at the moment?	YES	NO

Terraria & Exoknaag 20 september 2020

Name:
Address:
Zipcode:
City:
Phone number:
Arrival time: