



Associazione Ghiaccio Pordenone Libertas
associazione sportiva dilettantistica

Anamnestic Sheet for the infection of SARS-CoV2 (COVID-19)

Fill out and sign before sending to the Doctor

ATTENTION: Before you can start playing again you need the Doctors permission *

Athlete Surname

Athlete Name.....

Birth Date and Location.....

Italian Residency address, Via..... n°.....

Comune.....CAP (Italian Postal Code).....

Provincia.....Regione.....

Tel./Cell.....

email.....

Indicate sport you are playing.....

When does your sport physical expire?.....

Circle the correct answer

1) a) Did you get the Flu Vaccine this year? YES NO

b) Did you get the COVID Vaccine this year? YES NO

2) From the beginning of the Pandemic until today did you have the following?

• Body temperature > 37,5 °C YES NO

• Cough or sore throat YES NO

• Feeling weak or easily tired YES NO

• Breathing heavily during rest or under distress YES NO

• Diarea YES NO

• Nausea and/or vomiting YES NO

• Change of taste or smell reception YES NO

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If you had a fever (body temperature > 37,5 °C), when and for how long did you have it?
.....

If you had symptoms, which one lasted the longest and around how long?
.....

3) From the beginning of the Pandemic were you hospitalized? YES NO

If yes, you need a copy of the release letter

4) Were you diagnosed with COVID-19? YES NO

5) Did you have to quarantine? YES NO

if yes, when?

6) Did you get tested for COVID-19? YES NO

if yes, reasoning?.....

screening test for work/ military

for suspected symptoms

if yes, what were the results?

Cotton Swab test Covid-19: Positivo Negativo

Blood test for ANTI-SARS-COV2 IgM Positive Doubt Negative

IgG Positive Doubt Negative

(you are asked to share these results with the Doctor*)

Date

[Signature of the athlete or of the legal representative]

*Doctor: for those athletes playing for their National Team or of interest of the National Team that follow Federal Development programs or have been invited to a Federal Camp will reference the FISG Doctor. For those athletes playing in a Nationally recognized season the responsibility of the Doctor will be delegated to the person in charge of the association.

In case of minors this sheet has to be filled out and signed by a parent. The information above will have to be processed by the Doctor in compliance with the law UE n.2016/679 (general law on the handling of personal information) all for informational purposes only under article 13 of the law.