



PERSONAL LOCATION FORM (FLP)

This form must be filled out by all the participants of the competition / event:

Name and Surname	
Address	
Mobile	
E-mail	
Countries / locations visited in the past 14 days	

During the last 14 days

	QUESTIONS	YES	NO
1	Did you experience any symptoms compatible with COVID-19?		
2	Have you obtained a result compatible with the presence of active infection to a COVID-19 diagnostic test?		
3	Have you lived with people who have been declared confirmed cases of COVID-19?		
4	Have you had close contact with COVID-19 patients?		

We inform you that the data provided will be processed by the Federation for the sole purpose of complying with its obligation in relation to the protection and prevention of public health in relation to COVID-19. Such information will be stored for a period of 15 days.

This information may be shared with local Public Health authorities to allow a quick contact tracing if a participant in the competition/event suffers from COVID-19 disease or came into contact with a confirmed case.

By signing this document, the undersigned claims to have read, understood and accepted the terms & conditions of the **COVID-19 Player Instructions Protocol**.

Send an Email to competicion@fbgolf.com or hand deliver to the tee 1/10.

Signed: THE ATHLETE OR TUTOR

In _____, on _____ of _____ 2020