



COVID-19 CONTAINMENT MEASURES GUESTS SURVEY – “RISK-FREE TOURISM”

DATE, _____

(LA COMPILAZIONE DI QUESTA SEZIONE È A CURA DEL TITOLARE - THE FOLLOWING SECTION HAS TO BE FILLED IN BY THE MANAGER)

DATI ATTIVITÀ	
TIPOLOGIA ATTIVITÀ*	
DENOMINAZIONE	
INDIRIZZO	

* (ATTIVITÀ RICETTIVA ALBERGHIERA/EXTRAALBERGHIERA/ LOCAZIONE BREVE - BAR/ RISTORANTE/ PIZZERIA – AGENZIA DI VIAGGI/ SERVIZI TURISTICI/ SERVIZI DI NOLEGGIO - TAXI/ NCC E AFFINI - STABILIMENTO BALNEARE).

GUEST INFORMATION		
NAME	SURNAME	AGE
.....
NATIONALITY	ID NUMBER (or driving license number, or passport number)	CELL PHONE
.....

Do you have any of the following symptoms?	YES	NO
Body temperature superior to 37,5 °C (99,5 °F)		
Cough		
Shortness of breath		
You have recently lost your sense of taste/smell		
You have recently suffered from gastrointestinal disorders (diarrhea, nausea, vomit)		

Have you been in one of the following situations in the last 14 days?	YES	NO
Close contact or assistance in the same indoor place with a person with fever/cough/shortness of breath or with a confirmed case of Covid-19 or with a quarantined subject		
You have travelled to or stayed in one of the Italian “red zones” that are currently quarantined		

Guest signature _____