

- The medical questionnaire must be filled out by the person attending the performance on the day of the event and should be completed and printed out before arriving at the venue.
- The information placed in the medical questionnaire will only be used if a COVID-19 case occurs during the period in question. Questionnaires are destroyed one month after the end of the performance.
- The organizers and managers of the performance are in no way responsible for any issues arising from false statements by ticket holders about whether they have been infected by COVID-19 or not.
- All ticketholders must wear KF94 masks and may be denied entry if they fail to wear one.

COVID-19 Medical Questionnaire

- Please read the following before filling out the questionnaire form.
1. You have symptoms of COVID-19, including a fever of more than 37.5 degrees Celsius, coughing, sore throat, phlegm, or trouble breathing. (YES / NO)
2. Within the past 14 days, you, a family member, or someone living with you have been directed to self-quarantine at your home because you came into contact with someone infected with COVID-19. (YES / NO)
3. You have travelled abroad within the last 14 days. (YES / NO)
- Country visited : - Period abroad :
4. Personal Information Collection and Use Agreement
- Name : - Contact number :
- * Do you agree to providing the “organizer” the above information? (YES / NO)

