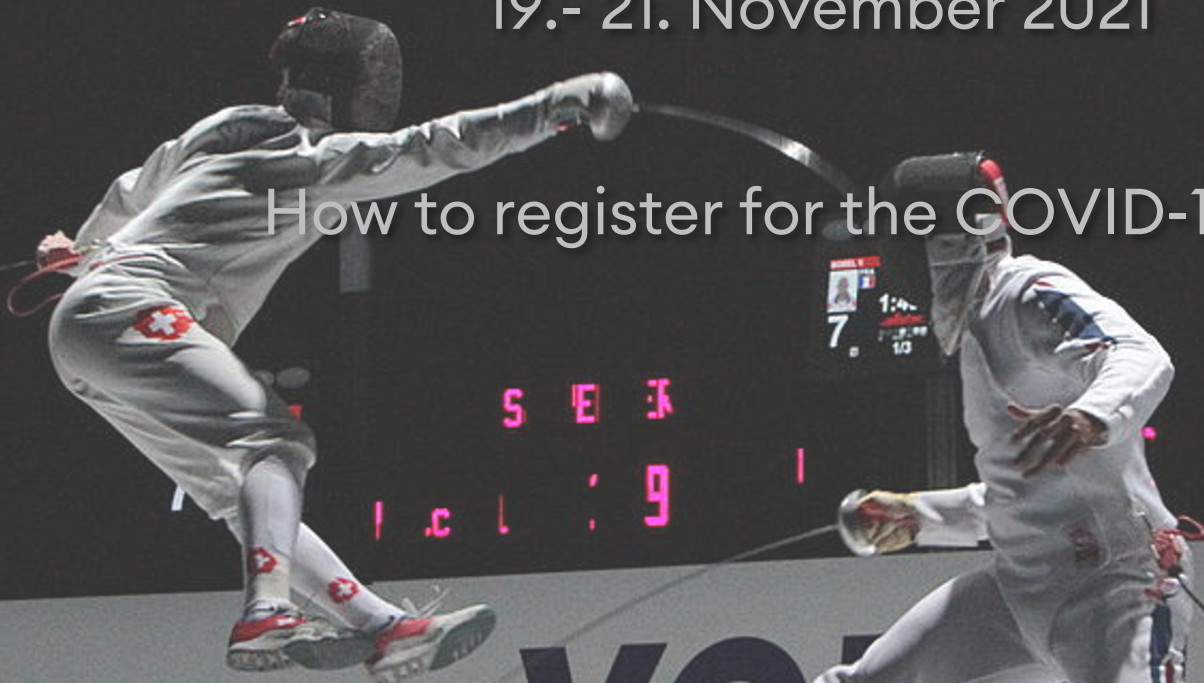




# World Cup Berne (CH)

19.- 21. November 2021

How to register for the COVID-19 test



Do you have an appointment for a COVID-19 test? Through an online form, corona123.ch enables you to easily pre-submit the required test information. This allows us to contribute to the faster treatment of all patients, even in the current circumstances, and to avoid spending unnecessary time at the practice.

### How it works:

1



#### Make an appointment

Arrange a test appointment with your practice or test centre. **corona123.ch does not arrange appointments.**

2



#### Entering the information

Follow the instruction of your practice or your test centre, fill out the corona123.ch form **at home, whenever possible.**

3



#### COVID-19 test

The details entered are securely transmitted to the practice or test centre. When you show up for the appointment, your details are already available.

FILL OUT THE FORM NOW

Open the link link: <https://bit.ly/3Gb2tAQ> in your browser of computer or mobile phone or scan the QR code



Select your practice or the test centre where your COVID-19 test appointments take place:

Grand Prix de Berne Fechtturnier, Gewerbestrasse 36, 3012 Bern



Select your test date. **If you have not yet made an appointment, please contact your practice or test centre before proceeding.**

18.11.2021



I hereby confirm that I have been referred to corona123.ch by my practice, test centre or pharmacy. Please note this otherwise your pre-registration will be ignored.

CONTINUE

If not already in selected, search for «Grand Prix de Berne» in the list

Select the date 18.11.2021 for the first test.

**Note:** If retesting on Saturday is required, select 20.11.2021. For each test and person, one form has to be filled out

## Recipient

Grand Prix de Berne Fechtturnier  
Gewerbstrasse 36, 3012 Bern

### Your personal details

First Name\*

Surname\*

Date of birth\*

Nationality\*

Switzerland

Country of residence\*

Switzerland

Gender\*

Street, house number\*

Postcode\*

Place\*

Canton\*

E-mail\*

Mobile phone\*

Format: 0XX XXX XX XX

General practitioner\*

Dr. med. L. Frauchiger

Surname, first name, place

Insurance number\*

000000000

No. 8 on the health insurance card (card identification number)

Health insurance\*

YYY

### Information on your COVID-19 test

Are you in quarantine?\*

Yes  No

Which symptoms apply to you (all that apply)?

Cough

Chest pain

Fill in your personal data

**Note:** see next pages for support on how to fill out the following fields:

- General Practitioner
- Insurance Number
- Health Insurance
- Reason for Testing

General practitioner\* \_\_\_\_\_  
 Dr. med. L. Frauchiger

Surname, first name, place

Insurance number\* \_\_\_\_\_  
 00000000

No. 8 on the health insurance card (card identification number)

Health insurance\* \_\_\_\_\_  
 YYY

Fill in Dr. med. L. Frauchiger as «General Practitioner». He is the responsible physician for the tournament.

Note: If you don't have a Swiss insurance, fill «00000000» for the Insurance Number and «YYY» for Health Insurance

Leave the symptoms blank, unless you have the specified symptoms

**Note:** If you are in governmental quarantine, please let the organizational committee know beforehand

### Information on your COVID-19 test

Are you in quarantine?\*

Yes  No

Which symptoms apply to you (all that apply)?

- Cough
- Chest pain
- Difficulty breathing
- Sore throat
- Other acute respiratory diseases
- Loss of smell (anosmia)
- Loss of taste (ageusia)
- Temperature over 38°C
- Acute confusion/general health deterioration
- gastrointestinal symptoms (e.g. diarrhea, vomiting, abdominal pain)

Other symptoms

Why are you getting a COVID-19 test?\*

- Symptoms compatible with COVID-19
- Outbreak investigation
- SwissCovid app
- Other reason

Other reason for testing\*

Fencing Competition

Which diseases/therapies apply to you (all that apply)?

- Diabetes
- Cardiovascular diseases
- Diseases/therapies which weaken the immune system
- Chronic kidney disease
- High blood pressure
- Chronic respiratory disease
- Cancer
- Heavily overweight (obesity, BMI>35)
- Liver disease
- Trisomy 21

Other disease

Smoker\*

- Yes  No

*This field is compulsory.*

Are you pregnant or is there a chance you might be pregnant?\*

- Yes  No

*This field is compulsory.*

Select «Other reason» and fill in «Fencing Competition» as the reason for testing

Fill the form with your personal health status.

**Note:** This information is required only in case of a positive test result. The information is confidential and **only used in a positive case.**

Have you been abroad in the last 14 days?\*

Yes  No

This field is compulsory.

Country of residence\*

This field is compulsory.

Location where you are staying\*

This field is compulsory.

Do you live in a retirement or care home?\*

Yes  No

Have you been in close contact with a lab-confirmed COVID-19 case?\*

Yes  No

This field is compulsory.

In the event of a positive test result, which transmission route do you think is the most likely?\*

- in the family
- as medical or nursing staff
- private party
- in a disco/club
- in a bar/restaurant
- in a casual gathering of people
- school/kindergarten/nursery
- at an event
- at work
- unknown
- Other transmission

This field is compulsory.

When is it most likely that the infection occurred?

Do you work in health care in direct contact with patients?\*

Yes  No


Other professional activity\*

This field is compulsory.

Specify this information about your recent contacts.

**Note:** It is required in case of a positive test result for contact tracing and identification of potential other infections.

Other transmission

When is it most likely that the infection occurred? 

Do you work in health care in direct contact with patients?\*

Yes  No

Comments

[Bildschirmfoto](#) \* compulsory fields

RESET THE FORM

CONTINUE

Hit continue and review the data you have just entered.

Submit the information on the subsequent page.

I hereby confirm that the data provided is correct and may be shared with **Grand Prix de Berne Fechtturnier**.

SUBMIT DATA

**Note:** The information is encrypted and securely sent to the medical staff of the Grand Prix de Berne organization committee. Data is only accessed by medical and administrative personnel that is involved in the testing procedure.