

COMPETITION NAME (INCLUDING SEX AND CATEGORY) + LOGO

FEDERATION  
INTERNATIONALE  
DE VOLLEYBALL



TEAM

M-14

FIVB DAILY TRIAGE FORM

**1. BASIC DATA**

CITY:

DATE:

Day Month Year

TIME:

H

Min

**2. PLAYERS' HEALTH INFORMATION**

	NAME OF PLAYERS	BT.>37.5 °C		SYMPTOMS		
		YES	NO	YES	NO	SPECIFIED, IF YES
1						
2						
3						
4						
5						
6						
7						
8						
9						
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13						
14						
15						
16						
17						
18						
19						
20						

**3. TEAM OFFICIALS' HEALTH INFORMATION**

	NAME OF OFFICIALS/OTHERS	BT.>37.5 °C		SYMPTOMS		
		YES	NO	YES	NO	SPECIFIED, IF YES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

13						
14						
15						

**4. TEAM FAMILY MEMBERS' HEALTH INFORMATION**

NAME OF FAMILY MEMBERS	BT.>37.5 °C		SYMPTOMS		
	YES	NO	YES	NO	SPECIFIED, IF YES
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*SIGNATURE*

**TEAM COVID-19 OFFICER**

**Date:**