

## 2021 Pre-Event Health Questionnaire

<b>Everyone</b>	<b>Last Name</b>	
	<b>First Name</b>	
	<b>Telephone Number</b>	
	<b>Email Address</b>	
	<b>Countries visited in last 14 days</b>	
	<b>Group:</b> <input type="checkbox"/> OC <input type="checkbox"/> WR <input type="checkbox"/> Teams <input type="checkbox"/> Others. _____	
<b>Teams only</b>	<b>Member Federation</b>	
	<b>Team Manager's name</b>	
	<b>Address during event</b>	

<b>Within the past 14 days, have you...</b>	
Had close contact with anyone diagnosed as having Coronavirus disease COVID-19?	<input type="checkbox"/> yes <input type="checkbox"/> no
Provided direct care for COVID-19 patients?	<input type="checkbox"/> yes <input type="checkbox"/> no
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?	<input type="checkbox"/> yes <input type="checkbox"/> no
Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient?	<input type="checkbox"/> yes <input type="checkbox"/> no
Travelled together with COVID-19 patient in any kind of conveyance?	<input type="checkbox"/> yes <input type="checkbox"/> no
Lived in the same household as a COVID-19 patient?	<input type="checkbox"/> yes <input type="checkbox"/> no
Been in quarantine?	<input type="checkbox"/> yes <input type="checkbox"/> no
Tested positive to the swab PCR test?	<input type="checkbox"/> yes <input type="checkbox"/> no
Experienced any of the following symptoms now and in the previous 14 days: Fever, Cough, Fatigue, Dyspnea, Myalgia, Sore Throat, Chest Pain, Congestion/Coryza, Headache, Chills, Nausea/Vomiting, Diarrhea, Anosmia/Dysgeusia, Chilblains/Pernio (please specify)	<input type="checkbox"/> yes <input type="checkbox"/> no

- I confirm that I will agree and comply with the COVID-19 Response Plan of the Organizing Committee.
- I am aware these regulations can only minimize the infection risk and neither the OC nor FISA can be made liable for any potential infection.
- I consent to the Organizing Committee and World Rowing collecting and storing the provided data according to GDPR.

Date . . . 2021.

Signature \_\_\_\_\_

