**2021 WRU23Championships, Račice, Czech Republic**

**July 7 -11. 2021**

**PRE-EVENT HEALTH QUESTIONNAIRE**

*To be completed by all accredited participants and submitted by email 2 days before arrival at the event. Once completed and signed, this form can be scanned and sent to: skvorova@rowingracice.com*

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| --- | --- | --- |
| ***Everyone*** | **Last Name** |  |
| **First Name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Countries visited in last 14 days** |  |
| **Group:** **🞏** Teams **🞏** World Rowing **🞏** OC **🞏** Media  **🞏** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ***Teams only*** | **Member Federation** |  |
| **Team Manager’s Name** |  |
| **Address during event** |  |

|  |  |
| --- | --- |
| **Within the past 14 days, have you…** |  |
| Had close contact with anyone diagnosed as having Coronavirus disease COVID-19? | 🞏 yes 🞏 no |
| Provided direct care for COVID-19 patients? | 🞏 yes 🞏 no |
| Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19? | 🞏 yes 🞏 no |
| Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient? | 🞏 yes 🞏 no |
| Travelled together with COVID-19 patient in any kind of conveyance? | 🞏 yes 🞏 no |
| Lived in the same household as a COVID-19 patient? | 🞏 yes 🞏 no |
| Been in quarantine? | 🞏 yes 🞏 no |
| Tested positive to the swap PCR test? | 🞏 yes 🞏 no |
| Experienced any of the following symptoms now and/or in the previous 14 days: Fever, Dry Cough, Shortness of breath, Disturbed or loss of smell and taste, Mild diarrhoea, inflammation of the eyes – conjunctivitis, Sore throat, Congestion, Headache, Chills, Muscle and Joint Pain | 🞏 yes 🞏 no |

**🞏 TEAMS: I confirm that I will report to the Team Medical Staff as soon as my health status changes, even if it is a minor change.**

**🞏 I confirm that I will agree and comply with the Covid Response Plan of the Organising Committee.**

**🞏 I am aware these regulations can only minimise the infection risk and neither the OC nor World Rowing can be made liable for any potential infection.**

**🞏 I consent to the Organising Committee and World Rowing collecting and storing the provided data according to GDPR.**

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Date Signature

*Please complete and submit this form 2 days before arrival and accreditation.*