HEALTH QUESTIONNAIRE

Name	**Tel. number**
Surname	**Email**
Date and Place of birth	
Sex	☐ Male ☐ Female
Nationality	

QUESTIONS

		YES	NO
1	Have you been in contact with someone with a proven infection with Covid-19?	☐	☐
2	Have you had any cold symptoms (cough, runny nose, sore throat, difficult breathing, loss of taste or smell) during the last 14 days?	☐	☐
3	Have you had any of the following symptoms during the last 14 days: - Fever - Chest pain - Headache - Nausea/vomiting - Diarrhea	☐	☐
4	Have you been in quarantine during the last 14 days?	☐	☐
5	Have you tested positive to the PCR (Polymerase chain reaction) test during the last 14 days?	☐	☐

I also confirm that I will measure the temperature every morning before leaving the hotel and if the temperature will be 37'5 or more I will not participate in the races

Signature:

If you answered YES to any question in the questionnaire above, you must present a negative Covid-19 PCR result carried out within the previous 72 hours (3 days) before arrival at the Event.
If there is evidence of an acute infection you will be provided with a mask, the medical personnel are equipped and isolation will be required. The local public health authority will be notified, and their protocols will be followed. An accreditation will not be issued until you have been cleared by the local public health authority.
Athletes and accredited persons should be reassured that declaring travel from high risk area will not preclude participation, but that they should expect to be more closely monitored.
The personal information provided is treated strictly confidentially. It will only be used for the purpose of assessing whether the applicant can be granted or maintain accreditation in view of the COVID-19 outbreak. Local and global public health requirements will determine the length of time the data is retained.