Data: 24/6/2020

**QUESTIONNAIRE FOR CHECKING THE HEALTH OF COMPETITORS BEFORE ENTER TO THE REGATTA \* (all questions also refer to the period of the previous 14 days)**

**Name and surname of the partecipant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **QUESTIONS** | **YES** | **NO** |
| 1. | Fever (greater than 37,5 ºC)? |  |  |
| 2. | Do you have cough? |  |  |
| 3. | Shortness of breath or difficulty breathing? |  |  |
| 4. | Do you have sore throat? |  |  |
| 5. | New loss of taste or smell? |  |  |
| 6. | Do you have chills? |  |  |
| 7. | Do you have head or muscle achnes? |  |  |
| 8. | Do you have nausea, diarrhea, vomiting? |  |  |
| 9. | **Have anyone in your household have similar symptoms?** |  |  |
| 10. | Have you been in the past positive to Covid-19? |  |  |
| 11. | Have you been in contact with a person positive to COVID-19 |  |  |

**\*if you responded to one question YES, pleas before you enter the regata contact a doctor**

**By signing i certyfy that the responses provided are accurate:**

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