

PARTICIPANT PRE-EVENT HEALTH QUESTIONNAIRE

*To be completed by all accredited participants and submitted **2 days before arrival to the venue or at least by 9 June 2021**. Once completed and (digitally) signed, this form should be (scanned and) sent to:*

regatta@bledrowing.com.

| Everyone | |
|---------------------------------------|--|
| Last Name | |
| First Name | |
| Telephone Number | |
| E-mail Address | |
| Countries visited in last 14 days | |
| Group (Teams, Jury, OC, Media, Other) | |
| Teams only | |
| National Team / Rowing Club | |
| Team Manager's Name | |
| Address during the event | |

| Please mark with X. Within the last 14 days, have you: | YES | NO |
|---|------------|-----------|
| Had close contact with anyone diagnosed as having Coronavirus disease COVID-19? | | |
| Provided direct care for COVID-19 patients? | | |
| Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19? | | |
| Worked together in close proximity or sharing the same classroom environment with COVID-19 patient? | | |
| Travelled together with COVID-19 patient in any kind of conveyance? | | |
| Lived in the same household as a COVID-19 patient? | | |
| Been in quarantine? | | |
| Tested positive to the swab PCR test? | | |
| 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? | | |

- Teams only: 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 Rowing Slovenia can be made liable for any potential infection.**
- I consent to the OC and Rowing Slovenia collecting and storing the provided data according to GDPR.**

| | | | |
|-----------------|--|------------|--|
| Date and place: | | Signature: | |
|-----------------|--|------------|--|

Please complete and submit this form 2 days before arrival to the venue and pick-up of accreditation or at least by 9 June 2021.