



**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 participant: \_\_\_\_\_

Telefon No.: \_\_\_\_\_

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

	QUESTIONS	YES	NO
1.	Fever (greater than 37,5 °C)?		
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 aches?		
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, please before you enter the regata contact a doctor**

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

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