

Covid-19 questionnaire / PCR test declaration



Name _____

Team _____

Five days before the start	Symptom	Yes	No	Points
	Fever > 38°C			4
	Cough and abnormal dyspnea			4
	Cough			1
	Stuffy nose or sore throat			1
	Anosmia			1
	Unusual aches			1
	Unusual headache			2
	Diarrhea - vomiting			1
	Abnormal fatigue			2
Total score				

Fill in the questionnaire with **X** in the corresponding fields

< or = 2 a little suspicious

3 - 5 moderately suspicious

> or = 6 highly suspicious

Results with score 6 and higher must be immediately reported to the appointed race Covid Doctor

Four days before the start	Symptom	Yes	No	Points
	Fever > 38°C			4
	Cough and abnormal dyspnea			4
	Cough			1
	Stuffy nose or sore throat			1
	Anosmia			1
	Unusual aches			1
	Unusual headache			2
	Diarrhea - vomiting			1
	Abnormal fatigue			2
Total score				

Three days before the start	Symptom	Yes	No	Points
	Fever > 38°C			4
	Cough and abnormal dyspnea			4
	Cough			1
	Stuffy nose or sore throat			1
	Anosmia			1
	Unusual aches			1
	Unusual headache			2
	Diarrhea - vomiting			1
	Abnormal fatigue			2
Total score				

Two days before the start	Symptom	Yes	No	Points
	Fever > 38°C			4
	Cough and abnormal dyspnea			4
	Cough			1
	Stuffy nose or sore throat			1
	Anosmia			1
	Unusual aches			1
	Unusual headache			2
	Diarrhea - vomiting			1
	Abnormal fatigue			2
Total score				

One day before the start	Symptom	Yes	No	Points
	Fever > 38°C			4
	Cough and abnormal dyspnea			4
	Cough			1
	Stuffy nose or sore throat			1
	Anosmia			1
	Unusual aches			1
	Unusual headache			2
	Diarrhea - vomiting			1
	Abnormal fatigue			2
Total score				

DECLARATION

By signing below, I confirm that I underwent the PCR COVID-19 test 3 days prior to the start of the race and the result is **negative**

Date

Signature