Covid-19 questionnaire / PCR test declaration



Name	
Team	

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

	Symptom	Yes	No	Points
	Fever > 38°C			4
벌	Cough and abnormal dyspnea			4
Four days before the start	Cough			1
the	Stuffy nose or sore throat			1
fore	Anosmia			1
s be	Unusual aches			1
days	Unusual headache			2
in	Diarrhea - vomiting			1
υ <u>E</u>	Abnormal fatigue			2
	Total score			

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

Fill in the questionnaire with $\, {\bf X} \,$ 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

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

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

DE	CI.	ΛE	ΑТ	IO N
	ᄔ	Αr	м	101

Ву	si	gnir	ng I	bel	OW,	Ιc	onfir	m i	that	Ιu	nde	rwer	t th	e F	CF	≀ C	:O\	/ID	-19	tes	st 3	da	ys	pric	r to	the	e st	art	of 1	the	race	and	d th	e re	sult	is r	negat	ίv

Date	Signature