



European Olympic and Paralympic Continental Qualification Regatta /

2021 European Rowing Championships

5<sup>th</sup> to 7<sup>th</sup> / 9<sup>th</sup> – 11<sup>th</sup> April 2021

COVID-19 RESPONSE PLAN

## PRE-EVENT HEALTH QUESTIONNAIRE

*To be completed by all accredited participants and submitted by 3<sup>rd</sup> April 2021 / 7<sup>th</sup> April 2021, 2 days before arrival at the event. Once completed and signed, this form can be scanned and sent to: [covidmanager@vareserowing.com](mailto:covidmanager@vareserowing.com)*

<b>Everyone</b>	<b>Last Name</b>	
	<b>First Name</b>	
	<b>Telephone Number</b>	
	<b>Email Address</b>	
	<b>Countries visited in last 14 days</b>	
	<b>Group:</b> <input type="checkbox"/> Teams <input type="checkbox"/> World Rowing <input type="checkbox"/> OC <input type="checkbox"/> Media <input type="checkbox"/> Other: _____	
<b>Teams only</b>	<b>Member Federation</b>	
	<b>Team Manager's Name</b>	
	<b>Address during event</b>	

<b>Within the past 14 days, have you...</b>	
Had close contact with anyone diagnosed as having Coronavirus disease COVID-19?	<input type="checkbox"/> yes <input type="checkbox"/> no
Provided direct care for COVID-19 patients?	<input type="checkbox"/> yes <input type="checkbox"/> no
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?	<input type="checkbox"/> yes <input type="checkbox"/> no
Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient?	<input type="checkbox"/> yes <input type="checkbox"/> no
Travelled together with COVID-19 patient in any kind of conveyance?	<input type="checkbox"/> yes <input type="checkbox"/> no
Lived in the same household as a COVID-19 patient?	<input type="checkbox"/> yes <input type="checkbox"/> no
Been in quarantine?	<input type="checkbox"/> yes <input type="checkbox"/> no
Tested positive to the swab PCR test?	<input type="checkbox"/> yes <input type="checkbox"/> no
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	<input type="checkbox"/> yes <input type="checkbox"/> no

- TEAMS: 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 World Rowing can be made liable for any potential infection.**
- I consent to the Organising Committee and World Rowing collecting and storing the provided data according to GDPR.**

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

*Please complete and submit this form by 3<sup>rd</sup> April 2021 / 7<sup>th</sup> April 2021, 2 days before arrival and accreditation.*

