



European Olympic and Paralympic Continental Qualification Regatta /

2021 European Rowing Championships

5th to 7th / 9th – 11th April 2021

COVID-19 RESPONSE PLAN

PRE-EVENT HEALTH QUESTIONNAIRE

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

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

Within the past 14 days, have you...	
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 **3rd April 2021 / 7th April 2021**, 2 days before arrival and accreditation.*

