**QUESTIONNAIRE FOR CHECKING THE HEALTH OF PARTICIPANTS OF THE 7th RALLY ŽELEZNIKI 2020**

Date: 11. – 12.09.2020

**Name and Surname of participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* (all questions also refer to the past 14 days):**

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| --- | --- | --- | --- |
|  | **QUESTION** | **YES** | **NO** |
| 1. | Do you have a fever (above 37.5º C)? |  |  |
| 2. | Do you have a cold, cough, sore throat? |  |  |
| 3. | Do you have an altered taste or smell, a feeling of shortness of breath or tightness in your chest, muscle pains or digestive problems (diarrhoea or vomiting)? |  |  |
| 4. | Does anyone else have such problems at home or at work? |  |  |
| 5. | Did you perhaps test positive for COVID-19? |  |  |
| 6. | Have you been in contact with a COVID-19 confirmed patient (sick relatives, roommates, co-workers, classmates, fellow travellers)? |  |  |
| 7. | Have you travelled to countries on the red list? |  |  |

**I confirm the truth of the above statements with my signature:**

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