**PRE-EVENT HEALTH QUESTIONNAIRE**

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| **Event** | **48th International Trampoline Friendship Cup****Jablonec nad Nisou, CZE, 7.-10.10.2021** |
| **Last name, First name** |  |
| **Delegation of** |  |
| **Phone number** (including country code) |  |
| **Email address** |  |
| **Countries visited during the last two weeks** |  |

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| **Within the past 14 days before the beginning of the event, have you…** | **YES** | **NO** |
| Had close contact with anyone diagnosed as having Coronavirus disease COVID-19? |  |  |
| Provided direct care for COVID-19 patients? |  |  |
| Visited or stayed in a closed environment with any patient havingCoronavirus disease COVID-19? |  |  |
| Worked together in close proximity, or sharing the same classroom environment with a COVID-19 patient? |  |  |
| Travelled together with a COVID-19 patient in any kind of conveyance? |  |  |
| Lived in the same household as a COVID-19 patient? |  |  |
| Been in quarantine? |  |  |
| Tested positive to the swap PCR test? |  |  |

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| **Have you experienced any of the following symptoms now and in****the previous 14 days before the beginning of the camp:** | **YES** | **NO** |
| Fever |  |  |
| Cough |  |  |
| Fatigue |  |  |
| Dyspnoea (difficulty in breathing) |  |  |
| Myalgia (muscle aches) |  |  |
| Sore Throat |  |  |
| Chest Pain |  |  |
| Congestion/Coryza (runny nose) |  |  |
| Headache |  |  |
| Chills |  |  |
| Nausea/Vomiting |  |  |
| Diarrhoea |  |  |
| Anosmia/Dysgeusia (loss of taste) |  |  |
| Chilblains/Pernio (painful swelling of the hands) |  |  |

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| **Signature of the person (for minors: signature of a parent / legal representative)** |  |