

To be completed by all accredited participants and submitted by **February 28th**, before arrival at the event.

Once completed and signed, this form can be scanned and sent to: regatas@remobrasil.com.

EVERYONE	Full 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 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 swap 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, Loss of Smell/Taste, Mild Diarrhoea, Inflammation of the Eyes, Conjunctivitis, Sore Throat, Congestion, Headache, Chills, Muscle/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-19 Response Plan of the Organising Committee.
- I am aware these regulations can only minimise the infection risk and neither the OC nor World Rowing cannot be made liable for any potential infection.
- I consent to the Organizing Committee and World Rowing collecting and storing the provided data, according to GDPR/LGPD.

DATE: **SIGNATURE:**