

PRE EVENT QUESTIONNAIRE Triathlon Holten July 1st and 2nd 2022

Name as shown in the passport or other ID					
Your permanent address					
(street/apartment/city/postal number/country)					
Your address during the event					
Your telephone number					
Your e-mail address					
Countries that you visited or stayed in last 14 days					
QUESTION - Within the past 14 days, 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 closed environment with any patient having Coronavirus disease COVID-19?					
Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient?					
Traveled together with 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 swab PCR test? If yes, please date:					
Experienced any of the following symptoms now and in the previous 14 days:					
Symptoms	YES	NO	Symptoms	YES	NO
• Fever			• Congestion/Coryza		
• Cough			• Headache		
• Fatigue			• Chills		
• Dyspnea			• Nausea/Vomiting		
• Myalgia			• Diarrhea		
• Sore Throat			• Anosmia/Dysgeusia		
• Conjunctivitis			• Chilblains/Pernio		
• Chest Pain					
Did you contract in the past the Covid 19 disease ?					
If yes do you have Long Covid symptoms ?					
In case lists these medical problems					
Are you vaccinated with a COVID-19 vaccine?					
If yes, indicate producer and date of each vaccination					
1st vaccine	2nd vaccine	3rd vaccine	4th vaccine		
Producer	Producer	Producer	Producer		
Date	Date	Date	Date		

At pre-race day registration, questionnaires are checked and gathered by ETU/ technical delegate