

Sponsors



Tourist partners



APPENDIX 1: PRE-EVENT HEALTH QUESTIONNAIRE

Medical status confirmation at the time of the event accreditation pick up

NAME AND SURNAME: _____

DATE: _____

- HAVE YOU HAD ANY SYMPTOMS OF A COLD (COUGH, RUNNY NOSE, SORE THROAT, DIFFICULTY BREATHING) DURING THE LAST 14 DAYS?**

Yes No

- HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS DURING THE LAST 14 DAYS?**

Fever Yes No

Chest pain Yes No

Headache Yes No

Nausea/vomiting Yes No

Diarrhoea Yes No

- HAVE YOU BEEN IN CONTACT WITH SOMEONE WITH A PROVEN COVID-19 INFECTION IN THE LAST 14 DAYS?**

Yes No

- HAVE YOU BEEN IN QUARANTINE DURING THE LAST 14 DAYS?**

Yes No

- HAVE YOU TESTED POSITIVE FOR THE PCR (POLYMERASE CHAIN REACTION) TEST DURING THE LAST 14 DAYS?**

Yes No

SIGNATURE: _____

Suppliers



Race partners



Media partners

