



European Rowing Coastal Challenge 2020

The increasingly even more acclaimed sport in the rowing's world, in its first European Challenge, hosted in the beautiful location of the Tyrrhenian Sea.

📍 Marina di Castagneto (LI) 57022, Italy

✉ info@ercc2020.com

🌐 www.ercc2020.com

2020 Pre-Event Health Questionnaire

This document must be filled by the participant and sent to the ERCC Organizing Committee at info@ercc2020.com by the Team Manager of the federation. Together with this document it's mandatory to attach a digital photo of the athlete (passport format). They must be sent no later than 9 October

Everyone	Last Name	
	First Name	
	Telephone Number	
	Email Address	
	Countries visited in last 14 days	
	Group: <input type="checkbox"/> OC <input type="checkbox"/> FISA <input type="checkbox"/> Teams <input type="checkbox"/> Others.	
Teams only	National 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 Coronavirus disease 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



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Tested positive to the swap PCR test?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Experienced any of the following symptoms now and in the previous 14 days: Fever, Cough, Fatigue, Dyspnea, Myalgia, Sore Throat, Chest Pain, Congestion/Coryza, Headache, Chills, Nausea/Vomiting, Diarrhea, Anosmia/Dysgeusia, Chilblains/Pernio (please specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no

- I confirm that I will agree and comply with the Corona Infection Prevention Plan of the Organizing Committee.**
- I am aware these regulations can only minimize the infection risk and neither the OC nor FISA can be made liable for any potential infection.**
- I consent to the Organizing Committee and FISA collecting and storing the provided data according to GDPR.**

_____.2020
Date

Signature