

## APPENDIX 2 – PERSONAL HEALTH CHECK INFORMATION FORM

Name <i>(as shown on passport or ID card)</i>		
National Federation		
Permanent place of residence		
Address during the event		
Mobile phone number		
E-mail address		
Countries you visited or stayed in over the last 14 days		
	NO	YES
<p>Have you had any of the following symptoms during the last 14 days:</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Fever</li> <li>• Sore Throat</li> <li>• Severe Fatigue</li> <li>• Aching muscles or joints</li> <li>• Difficulty breathing</li> <li>• Loss of taste or smell</li> <li>• Headache</li> <li>• Nausea/Vomiting</li> <li>• Diarrhoea</li> </ul>		
Have you recently had contact with a proven Covid 19 positive individual?		
Have you had to quarantine or told to self isolate within the last 14 days?		
Have you had a negative rapid antigen or PCR test immediately prior to competition venue access?		

Signature and date: