



HRVATSKI AUTO
I KARTING SAVEZ
CROATIAN AUTOMOBILE
& KARTING FEDERATION



QUESTIONNAIRE FOR CHECKING THE HEALTH OF PARTICIPANTS OF THE 14th RALLY IDRİJA 2020



Date of Rally: 24th – 25th October, 2020

Name and Surname of participant: _____

Address: _____

Phone number _____

* (all questions also refer to the past 14 days):

	QUESTION	YES	NO
1.	Do you have a fever (above 37.5° C)?		
2.	Do you have a cold, cough, sore throat?		
3.	Do you have an altered taste or smell, a feeling of shortness of breath or tightness in your chest, muscle pains or digestive problems (diarrhoea or vomiting)?		
4.	Does anyone else have such problems at home or at work?		
5.	Did you perhaps test positive for COVID-19?		
6.	Have you been in contact with a COVID-19 confirmed patient (sick relatives, roommates, co-workers, classmates, fellow travellers)?		
7.	Have you travelled to countries on the red list?		

I confirm the truth of the above statements with my signature:

Date:
