



1. I have stayed in the United States for the last 14 days.
2. I can answer “NO” to all of the following:
 1. Had close contact with anyone diagnosed as having Coronavirus disease COVID-19?
 2. Provided direct care for COVID-19 patients?
 3. Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?
 4. Worked together in close proximity, or sharing the same classroom environment with COVID-19 patient?
 5. Travelled together with COVID-19 patient in any kind of conveyance?
 6. Lived in the same household as a COVID-19 patient?
 7. Been in quarantine?
 8. Tested positive to the swab PCR test?
 9. 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
3. I am aware these regulations can only minimize the infection risk and the Organizing Committee can not be made liable for any potential infection
4. I consent to the Organizing Committee collecting and storing the provided data according to applicable privacy laws.

Rower/Coach Name _____ Team Name _____

Signed (parent or guardian if under 18) _____

Dated _____