

Covid-19 selfreporting form - Táboorské okruhy / Vožické okruhy

Name _____

Team _____

Relevant box in form mark with X

- < or = 2 mild suspicion
- 3 - 5 middle suspicion
- > or = 6 high suspicion

Tuesday, 11/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Wednesday, 12/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Thursday, 13/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Friday, 14/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Saturday, 15/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Sunday, 16/05	Symptoms	YES	NO	Points
	Temperature > 38°C			4
	Cough & abnormal dyspnoea			4
	Cough			1
	Nasal stuffiness o/a sore throat			2
	Sudden loss of taste & olfactory sense			2
	Unusual pain			2
	Unusual headache			1
	Diarrhoea - vomiting			1
	Unusual exhaustion			2
Total score				

Results with total score 6 and more must be immediately announced to the Covid coordinator / Race doctor.

Date/signature _____