



# Annex Health Agreement

## Healthy self-evaluation questionnaire

**In times of Coronavirus**

Have you had COVID 19 ? Or a strong suspicion of having been infected ?		Yes	No
Have you experienced or are you currently experiencing one or more of the signs in the following list:		Yes	No
General signs :	Fever or temperature > 38°	Yes	No
	Thrill	Yes	No
	Headache	Yes	No
	Unusual persistent tiredness	Yes	No
	Balance disorder - fall	Yes	No
Respiratory signs :	Cough	Yes	No
	Expectoration (sputum)	Yes	No
	Shortness of breath	Yes	No
ORL signs:	Sore throat	Yes	No
	Stuffy nose	Yes	No
	Sneezing	Yes	No
	Anosmia – loss of odor	Yes	No
	Ageusia – loss of taste	Yes	No
Eyepieces signs:	Conjunctivitis	Yes	No
	Eyelid removal	Yes	No
Low digestive signs:	Abdominal pains	Yes	No
	Diarrhea	Yes	No
SHigh digestive signs :	Nausea	Yes	No
	Vomiting	Yes	No
Pains :	Muscular – aches	Yes	No
	Articular	Yes	No
Skin problems	Urticaria	Yes	No
	Recent extremities frostbites	Yes	No
Have you had other unusual sensations ?		Yes	No
Do you feel depressed without spring ?		Yes	No
Do you have any modification of your weight (+/- 3 kgs) ?		Yes	No
Are or have you been during the last 14 days in contact with a Covid diagnosed person ?		Yes	No
Are you or have you been in contact with a person showing one of the signs mentioned here above ?		Yes	No

In case of responses Yes at one or many of these questions, it is recommended to proceed to a screening PCR test and to inform the organizer

The organizer may refuse access of the Village and refuse the participation of a skipper

<b>Name :</b>	<b>Boat number :</b>
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**Date :**

**Signature :**