

COVID-19 SELF-SCREENING ASSESSMENT

For the restart of the gliding activity, please complete the information below before coming to the Club.

- Fever

Have you had a fever or a feeling of fever in the last eight days ?

YES NO

- Cough

Do you have an unusual cough ?

YES NO

- Muscular aches and pains

Do you have muscular aches and pains that are not related to the practice of a sport or sustained effort ?

YES NO

- Headaches

Have you had headaches in the previous two days that required you to take paracetamol ?

YES NO

- Sore throat

Have you had in the previous days a sore throat with difficulty swallowing, or a burning sensation in the throat ?

YES NO

- Loss of sense of smell or taste

Do you feel that you can't smell or taste food the way you used to ?

YES NO

- Diarrhoea

Have you had an episode of diarrhea in the past few days ?

YES NO

- Shortness of breath

Do you have the sensation, with equivalent effort, of being out of breath or having difficulty catching your breath?

YES NO

If you answer yes to one or more questions, stay home and contact your doctor.
Please inform the Club if you develop the disease within 14 days of your presence.

Last name

First name

Date and signature

Cliquez ou appuyez ici pour entrer du texte.