

23. Appendix I. Pre event questionnaire (to be send to Athletes and Officials)<sup>29</sup>

Name as shown in the passport or other ID	
Your permanent address (street/apartment/city/postal number/country)	
Your address during the event	
Your telephone number	
Your email address	
Countries that you visited or stayed in last 14 days	
<b>YES NO RESPONSES</b>	
Had close and unprotected contact with anyone diagnosed as having Coronavirus disease COVID-19?	
Provided direct care for COVID-19 patients without suitable protective equipment?	
Visited or stayed in a closed environment with any patient having Coronavirus disease COVID-19?	
Working together in close proximity, or sharing the same classroom environment with COVID-19 patient?	
Traveled with a COVID-19 patient in any kind of conveyance?	
Lived in the same household as a COVID-19 patient?	
Been in quarantine?	
Tested positive to the swap PCR test?	
Experienced any of the following symptoms ow and in the previous 14 days:	
• Fever	
• Cough	
• Fatigue	
• Dyspnea	
• Sore Throat	
• Myalgia	
• Chest Pain	
• Congestion/Coryz	
• Headache	
• Chills	
• Diarrhea	
• Anosmia/Dysgeusia	
• Chilblains/Pernio	
• Nausea/Vomiting	

<sup>29</sup> This questionnaire was elaborated by the WDSF medical commission based on the World Triathlon Federation document intended to cope with COVID-19 in the sport environment.