

Medical evaluation form

according to the risk of coronavirus 2019-nCoV (SARS-CoV-2) infection

Survey completion days: every Friday and Monday until 10.00 am

Name/code of the rider		
Date	dd.mm.yyyy	
Have you had a body temperature above 38.5 °C during the day *	YES	NO
Are you planning any trip abroad Poland? *	YES	NO
NOTE: If you entered YES, please indicate to which country (s) and on which days.		
Have you stayed abroad Poland? *	YES	NO
NOTE: If you entered YES, please indicate in which country (s) and on which days.		
cough (new) *	YES	NO
dyspnoea (new)*	YES	NO
close contact with person with Covid*	YES	NO
runny nose*	YES	NO
headache*	YES	NO
diarrhea or vomiting *	YES	NO
muscle aches*	YES	NO
smell or taste disturbance *	YES	NO
rash or other skin changes *	YES	NO
Other abnormalities		
NOTE: Please specify which ones or enter "none".		

(* delete as appropriate, concerns the period from filling up the last evaluation form)