



Daily COVID-19 Symptom Declaration

Member Federation: _____

Name of the Team Leader: _____

- Q1: Did any member of your team experienced:
- Fever/chills with a recorded temperature above 37.8°C
 - A new continuous cough
 - Shortness of breath
 - Loss or change in taste or smell within the last 24 hours? yes no

If your answer is **yes**, please specify the symptoms, time onset, name and function of the team member:

- Q2: Have any member of your team taken any medication for the purpose of reducing a fever within the past 24 hours? yes no

If your answer is **yes**, please specify the name and function of the team member:

Note: team members (and their close contacts) showing newly formed symptoms of a potential COVID-19 infection must immediately self-isolate themselves as and notify the LOC Covid Manager!

Date _____ Signature: _____

The filled in and duly signed form shall be delivered to the Technical Information Centre (or electronically to eventsmedical@britishathletics.org.uk by 09:00 CET on each day of your stay in Birmingham.