

This is a self-assessment form for your personal use. If you answer YES to any of the questions below you should stay at home and NOT ATTEND any Community Bike Rides activities (bike rides or training courses).

1.	Are you currently diagnosed with COVID-19 through PCR or antigen testing?	Yes	No
2.	Are you currently showing symptoms of COVID-19 and awaiting a PCR test result?	Yes	No
3.	Do you have any of the following symptoms? <ul style="list-style-type: none"> - Fever (temperature above 38°) - Dry cough - Fatigue or aches - Loss/change to sense of smell or taste - Runny or blocked nose - Conjunctivitis - Sore throat - Headache - Shortness of breath - Nausea, vomiting or diarrhoea - Skin rash - Dizziness or chills 	Yes	No