

## Self-Assessment Personal Screening questionnaire

*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 Ride activities (bike rides or training courses).*

1.	<b>Are you currently diagnosed with or believe you may have COVID-19?</b>	YES NO
2.	<b>Have you had any of these symptoms of COVID-19 in the past 14 days?</b> → High temperature (fever)?  → A new continuous cough?  → New unexplained shortness of breath?  → Sneezing or runny nose?  → A sore throat?  → Loss of smell?	YES NO  YES NO  YES NO  YES NO  YES NO  YES NO
3.	<b>Have you been in contact with a COVID-19 confirmed or suspect case in the previous 14 days?</b>	YES NO
4.	<b>Have you provided direct care for COVID-19 patients in the past 14 days?</b>	YES NO
5.	<b>Have you visited or stayed in a closed environment with anyone with COVID-19 in the past 14 days?</b>	YES NO
6.	<b>Have you travelled together with a COVID-19 patient in any kind of conveyance in the past 14 days?</b>	YES NO

