



COVID-19 SELF-CERTIFICATION

The undersigned (the parent / legal guardian of the athlete in the case of a minor):

LAST NAME _____ FIRST NAME _____

BORN IN (location) _____ ON (date) _____

RESIDENT OF (city) _____ AT (street address) _____

DECLARES

That he/she has not been diagnosed with COVID-19 and that in the last 14 days (check the answer):

- Have you been in close contact with individuals infected with COVID-19? YES NO
- Have you been in close contact with suspected or high-risk cases? YES NO
- Have you been in close contact with family members of suspected cases? YES NO
- In the last two weeks, have you had symptoms associated with COVID-19 infection (body temperature above 37.5°C, cough, tiredness, difficulty breathing, muscle pain, changes in taste or smell)? YES NO
- Do you currently have symptoms associated with COVID-19 infection (body temperature above 37.5°C, cough, tiredness, difficulty breathing, muscle pain, changes in taste or smell)? YES NO

The undersigned certifies under his/her own responsibility that the above is true and that he/she is aware of the civil and criminal consequences of making a false declaration.

AUTHORIZES

_____ (provide the name of the sports association / club) to process the personal data concerning health status contained in this form and to store it pursuant to EU Reg. 20167679 and current legislation.

Location and date

Signature of participant

