

DECLARATION OF HONOUR

Name:

Nationality:

Date and time of arrival:

Delegation COVID-19 Manager:

Consenting parent* for minors:

Have you noticed any of the following symptoms within the last 14 days?

Symptoms		YES	NO
1	Body temperature over 37.5°C		
2	Dry cough		
3	Sore throat		
4	Sudden onset of shortness of breath		
5	Sudden onset of vomiting and/or diarrhoea		
6	Sudden onset of articular and/or muscle pain		
7	Fatigue without a known cause		
8	Loss of taste or smell		
9	A rash on skin, or discolouration of fingers or toes		
Are the following statements true for you?		YES	NO
10	In the past 1 month have you or anyone in your household met a presumptive or declared COVID-19 infected person or anyone who got into close contact with such person?		
11	Is anyone in your household under self or officially imposed quarantine?		
12	Do you live in the same household with an exposed and frail person (> 70 years old, cardiac pathology or chronic pulmonary pathology immunodeficiency)		

I hereby declare on my honour that if any of the above symptoms occur, at any point during my stay or travel, I will duly and immediately inform my Delegation's COVID-19 Manager, who shall then inform IJF/ PJC and the Local Organising Committee's COVID-19 Manager. I understand that if I do not follow the "Protocol for resuming IJF events during the COVID-19 pandemic" that I will be removed from the event and subject to disciplinary action.

Signature*:

Print name*:

Date:

Delegation COVID-19 Manager

Athlete / parent*

Consenting parent*: parent, caretaker, authorised person to sign a consent on behalf of a minor