

## Declaration of Honour Form

Name: .....

Nationality: .....

Date and time of arrival: .....

Delegation COVID-19 Manager: .....

Consenting parent\* for minors:.....

| 14 days prior to your travel to the event |  | YES       | NO |
|---|--|-----------|----|
| 1.  | Were you in close contact (for more than 15min, closer than 2m, without wearing a mask) with a COVID-19 positive person?   |           |    |
| 2.  | Did you have any of the following symptoms: cough, sore throat, shortness of breath, fatigue, elevated temperature (37.5°C or higher), diarrhoea, muscle pain, loss of smell, loss of taste? If YES, to any of the symptoms, please, underline them in the list. |           |    |
| 3.  | Did you attend any international training camp*?<br>*Training camp with athletes from different nations who don't train regularly together.  |           |    |
|   |  | YES       | NO |
| 4.  | Have you ever been COVID-19 positive?  |           |    |
| 5.  | Please, provide the date of your first positive test. Please, use dd/month/yyyy format.  | _ / _ / _ |    |
| 6.  | Are you vaccinated?  |           |    |
| 7.  | Have you received both doses? Please, write yes, if your vaccine requires only one dose  |           |    |

Signature: ..... .....

Print name: ..... .....

Date: ..... .....

Team Covid-19 Manager

Athlete/parent\*

\*Consenting person: parent, caretaker, authorized person to sign a consent on behalf of the minor born 2004, 2005, 2006.