APPENDIX 1 - Declaration of Honour  
(For Delegates)  
EVENT: Abu Dhabi GS 2021, U.A.E.

Full name: .............................................................................................................................

Delegation nationality: ..............................................................................................................

Delegation COVID-19 Manager: .................................................................................................

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

<table>
<thead>
<tr>
<th>14 days prior to your arrival to the bubble</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Were you in close contact (for more than 15min, closer than 2m, without wearing a mask) with a COVID-19 positive person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 3 Did you attend any international training camp*?  
*Training camp with athletes from different nations who don't train regularly together. |     |    |

<table>
<thead>
<tr>
<th>4 Have you ever been COVID-19 positive?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

| 5 Please, provide the date of your first positive test.  
Please, use dd/month/yyyy format. |     |    |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Are you vaccinated?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
| 7 Have you received both doses?  
Please, write yes, if your vaccine requires only one dose. | YES | NO |

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 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.

Completed forms should be uploaded to the my.IJF.org platform. If assistance is needed please contact registration@ijf.org