

## **APPENDIX 1 - Declaration of Honour** (For Delegates)





Full n	ame:						
Deleg	ation nationality:						
Deleg	ation COVID-19 M	anager:					
Conse	enting parent* for	minors:					
14 days prior to your arrival to the bubble					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*?  *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.						
travel IJF an <b>"Prot</b> e	, I will duly and im d the Local Organi	nonour that if any of the above sympt mediately inform my Delegation's Co sing Committee's COVID-19 Manage IJF events during the COVID-19 pane sciplinary action.	OVID-19 M er. I unders	lanager, who tand that if I	shall ther do not fo	n inform llow the	
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