



The

Signed: _____

Born on the _____ in _____

St. Nr.: _____

Tel: _____ E-Mail: _____

confirm

- that he/she had no positive diagnosis of Covid 19 infection;
- that he/she has had no symptoms related to Covid-19 infection in the past few weeks, including, body temperature > 37.5°C, cough, fatigue, shortness of breath, myalgia, diarrhea, anosmia, ageusia;
- that he/she has had no contact with people with coronavirus in the past few weeks.

[Place, date and signature of the athlete]

[In the case of a minor, add the signature of the parental authority]

Note

The above information is processed in accordance with EU Regulation No. 2016/679 (General Regulation for the Protection of Personal Data) for the purpose of prevention by Covid-19, to which reference is made in the information provided in accordance with Article 13 of the above information Regulation.