

SELF-DECLARATION

COVID-19

Covid-19 self-declaration form for the athletes and staff for entry to facilities and / or places where are practiced sporting activities both for training and for competitions.

The undersigned

Born in: the:.....

Resident in street:.....Nr.....

City:Province: Tel Mail.....

As: athlete / DS

FCI Card N °.....

In the case of a minor athlete, the same is represented and accompanied by:

Family relationship: (mother, father, etc):

Name and surname:.....

Born in.....the:

Resident in street:.....Nr

City:.....Province:TelMail.....

DECLARES UNDER ITS OWN RESPONSIBILITY AWARE OF THE PROSECUTION OF ANY MISREPRESENTATIONS

(tick where necessary)

- to have been vaccinated for Covid-19
- to be aware that having undergone vaccination does not exempt him from complying with the rules of distancing and the use of PPE as required by the laws in force
- to be undergoing vaccination for Covid - 19 (interval between first and second dose)
- that he has not yet been vaccinated for Covid - 19
- to have contracted the Covid - 19 disease and to be healed both clinically (no symptoms) and biologically by carrying out a negative molecular swab in the terms established by the authorities competent health professionals;
- in relation to the previous point of having observed after healing an adequate period of rest and to have subsequently undergone a sports medical examination following which he obtained the issue of a new certificate or return to play certificate, in accordance with the provisions of the note of Ministry of Health of 13 January 2021;
- not to have symptoms referable to Covid-19 infection including, by way of example but not exhaustive, body temperature greater than 37.5, cough, asthenia, dyspnoea, myalgia, diarrhea, anosmia, ageusia;
- not currently being subjected to quarantine or fiduciary isolation measures for Covid-19;
- not to have come into contact, to the best of my knowledge, with people affected by COVID-19 (athletes, staff company, family, workplaces, etc.) in the last 14 days;

- not to have received communication from the competent Health Authorities regarding a direct contact with a person infected with Coronavirus;
- with regard to the two previous points, that in the event of contact, they have complied with the quarantine obligation of 14 days or, alternatively, to have carried out a molecular buffer at the end of the 10th day which must be negative result;
- not to come, with effect from the last 14 days, from areas at risk according to the indications of the WHO, del Government and Regions, and in any case to have observed, where appropriate, the health provisions issued for the return from abroad (buffer and / or quarantine obligation), provisions that can be consulted online and in real time on the sites of the Ministry of Foreign Affairs and International Cooperation as they are continuously subject to change

<https://www.esteri.it/mae/it/>

<http://www.viaggiasesicuri.it/>

- to be aware of the obligation to stay at home in the presence of fever (over 37.5 ° C) or other symptoms such as, but not limited to, body temperature greater than 37.5, cough, asthenia, dyspnoea, myalgia, diarrhea, anosmia, ageusia, with the obligation to alert the general practitioner or pediatrician of free choice as well as the competent health authorities;
- to know the federal protocol for access and stay in sports training and / or competition sites;
- to know that it is mandatory to promptly notify those in charge (Covid doctor, for the tenders where there is present, or other responsible health care if present, the anti-contagion committee and / organizer of the race, training site manager and / or training technician) , during the stay in training and / or competition sites, the onset of symptoms referable to Covid-19 infection including, by way of illustrative but not exhaustive, body temperature greater than 37.5, cough, asthenia, dyspnoea, myalgia, diarrhea, anosmia, ageusia. This in order to be subjected to immediate isolation and the consequent provisions of the competent health authorities.

Place.....

Date.....

In faith

Signature of the interested party

Signature of the parent (in the case of a minor).....

I declare to have read the Pricacy Policy

Date..... Signature.....

N.B. THIS FORM MUST BE SIGNED BY EACH ATHLETE AND STAFF AND DELIVERED AT THE ENTRANCE OF YELLOW ZONE AT THE CHECK POINT COVID -19