COVID STATUTARY DECLARATION

Name and surname:

Street:

City: **ZIP Code:**

Date and place of birth:

E-mail: **Mobile:**

Hereby declare that:

□ I have taken a RT-PCR testing for the presence of the virus during the 7 days before race event SARS-CoV-2 with a negative result, or

□ I have taken a POC antigen screening testing for the presence of the virus during the 72 hours before race event SARS-CoV-2 with a negative result, or

□ I have been vaccinated against COVID-19, and at least 14 days have passed since the application of the second dose of a vaccine in the case of a two-dose scheme in accordance with the summary of product characteristics (hereinafter “SPC”) or at least 14 days have passed since the application of the first dose of a vaccine in the case of a single-dose scheme in accordance with the SPC and have official digital vaccination certificate

□ I have undergone a laboratory-confirmed instance of COVID-19 where the period of isolation in accordance with a valid extraordinary measure of the Ministry of Health has ended, that are not showing any COVID-19 symptoms, and after the first positive RT-PCR test for the presence of SARS-CoV-2 or POC antigen test for the presence of a SARS-CoV-2 antigen no more than 180 days have passed. Such facts will be proved with a medical report

*check right option

Hereby declare that:

- I have not exhibited any symptoms of the viral infection COVID-19 (e.g., fever, cough, shortness of breath, sudden loss of taste and smell, etc.) during the past two weeks,
- I have not been diagnosed with COVID-19,
- I have not been ordered a quarantine as a result of being diagnosed with COVID-19 or being in contact with a person diagnosed with COVID-19,
- I have not been in contact with a COVID-19 positive person during the past two weeks (as far as I know)

I am fully aware of the legal consequences if this statement is not true. I have been instructed to follow all anti-epidemic regulations against the spread of COVID 19.

In …….. on ……..…… ……

signature