

Declaration of Honour Form

Name:

Nationality:

Date and time of arrival:

14 days prior to your travel to the event		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		

Signature:

Print name:

Date: