

AFFIDAVIT
COVID-19
CARBONIA CUP – 17.10. 2021

I, the undersigned

Name and surname:

Date of birth:

Phone:

hereby declare that:

(circle the correct option)

A) I have had an antigen test within the last 72 hours or a PCR test within the last 7 days with NEGATIVE result

B) I am within 180 days of contracting COVID-19

C) I have completed both doses of the COVID-19 vaccine and have received a confirmation

I am aware that by concealing the above facts I may seriously endanger the health or even the life of other participants.

I am aware of the legal consequences of a false affidavit and the offence of spreading a contagious disease.

By signing this form, I certify that the above information is true and that I do not exhibit clinical signs of Covid19 and I comply with the regulation of wearing respiratory protection.

Place..... Date.....

Signature