

### Athletes Self-declaration Form

I, ....., the holder of ID Card No. ...., the athlete member of (*name of National Federation/Association*), hereby declare:

1- I have not had the following symptoms:

fever, shiver, cough, breathing trouble, sore throat, sore body, fatigue, pain, chest tightness;

2- Within the last 14 days:

- I have not had close contact (less than 2 meters) with a Covid-19 patient.
- I have not looked after a person who is doubtfully, probably, or certainly infected by Covid-19.
- I have had no business contact (more than 15 minutes and less than 2 meters distance) with a Covid-19 infected person (e.g. a colleague) in a closed common area.
- I have not traveled by a common vehicle with a Covid-19 infected person.

3- I have registered my health and respiratory symptoms on national official data base (If required).

I, ....., the holder of ID Card No. ...., hereby undertake, in case of any aforementioned respiratory symptoms, to inform the head of the gym and the Committee of national Kickboxing Federation/Association in my residential province, and I declare I have answered all the question consciously, precisely, and honestly and I shall encounter any consequences in case of any incorrect and fraudulent answer of mine.

Full name:

Contact number:

Date:

Signature:

*\*The information mentioned in this form are not limited.*