

STATUTORY DECLARATION

competitors/support persons entering the venue

EVENT:	VÍTR A SLUNCE
DATE:	3.-6.7.2021

This form must be filled by all persons entering the venue and it must be submitted to OA during the registration

FIRST NAME		SURNAME	
DATE OF BIRTH		ADDRESS	

1. I have been tested with RT-PCR method for the presence of SARS-CoV-2 virus with a negative result no later than 7 days prior the event

DATE OF THE TESTING:	
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2. I have been tested with POC method for the presence of SARS-CoV-2 virus with a negative result no later than 72 hours prior the event

DATE AND TIME OF THE TESTING:	
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3. I have been vaccinated against COVID-19 disease and I do have national vaccination certificate in English. This certificate must be issued by authorized body located in the Czech Republic, other state of the EU or in the state which is mentioned in the MoH Regulation as a country with low spread of covid-19 disease (this form may be downloaded from the MoH website and it must contain my personal data, type of the vaccine, date of vaccination, name and details of vaccinating organization). The vaccination must be completed:

- i) in the case of a two-dose schedule based on the Summary of Product Characteristics, at least 22 days but not more than 90 days, if the second dose have not been vaccinated, or
- ii) in the case of a two-dose schedule based on the Summary of Product Characteristics, at least 22 days but not more than 9 months after the second of vaccine, or
- iii) in the case of a single-dose schedule based on the summary of product characteristics, at least 14 days but not more than 9 months.

DATE OF VACCINATION		NUMBER OF VACCINATIONS / TOTAL NUMBER OF VACCINATIONS:	
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4. I had positive test result for presence of COVID-19 disease and the isolation time has elapsed under the Regulation of MoH and it did not elapsed more than 180 days from the first positive test (either POC or RT-PCR).

DATE OF CONFIRMATION OF DISEASE:	
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5. I have been preventively tested with the antigen test which is approved by MoH or determined for self-testing for the presence of SARS-CoV-2 with a negative result.

DATE AND TIME OF THE TESTING:	
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I declare, that I do not have any clinical symptoms of covid-19 disease, and if this will change during the event I will directly inform the OA

I am aware of the fact, that if my answer for questions above will not be true, I may endanger the health or even the lives of other participants in the event. I am aware of legal consequences of false answers and statements, from which it follows that I can commit a criminal offense under Czech Criminal Codex or commit misconduct under the Rule 69 of RRS.

DATE:		GNATURE:	
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Parent or guardian must sign this document if the person is younger than 18 y.o.