



AUTO-CERTIFICATION COVID-19 – RACE OFFICE

The undersigned

FAMILY NAME _____ FIRST NAME _____

BORN IN _____ ON _____

LIVING IN _____ ADDRESS _____

DECLARES

That he/she has not been diagnosed with Covid-19 and that in the past 14 days he/she (tick your answer)

Has been in close contact with people affected by Covid-19? **YES NO**

Has been in close contact with possible positive cases? **YES NO**

Has been in close contact with relatives of possible positive cases? **YES NO**

Has showed symptoms possibly related to Covid-19 in the past 14 days? **YES NO**

(body temperature higher than 37,5° C, cough, weakness, breathing difficulties, muscular pain, taste or smell variations)

Currently shows symptoms related to the Covid-19 infection? **YES NO**

(body temperature higher than 37,5° C, cough, weakness, breathing difficulties, muscular pain, taste or smell variations)

NOTES _____

The undersigned declares under his/her responsibility that what is stated above corresponds to the truth and is aware of the civil and penal consequences of false declarations.

AUTHORIZES

MARCIALONGA to the treatment of the health-related data of this form and to the conservation of the data according to Reg. EU 20167679 and the current regulation.

THE PARTICIPANT

(PLACE AND DATE)

(SIGNATURE)



AUTO-CERTIFICATION COVID-19 – START

The undersigned

FAMILY NAME _____ FIRST NAME _____

BORN IN _____ ON _____

LIVING IN _____ ADDRESS _____

DECLARES

That he/she has not been diagnosed with Covid-19 and that in the past 14 days he/she (tick your answer)

Has been in close contact with people affected by Covid-19? **YES NO**

Has been in close contact with possible positive cases? **YES NO**

Has been in close contact with relatives of possible positive cases? **YES NO**

Has showed symptoms possibly related to Covid-19 in the past 14 days? **YES NO**

(body temperature higher than 37,5° C, cough, weakness, breathing difficulties, muscular pain, taste or smell variations)

Currently shows symptoms related to the Covid-19 infection? **YES NO**

(body temperature higher than 37,5° C, cough, weakness, breathing difficulties, muscular pain, taste or smell variations)

NOTES _____

The undersigned declares under his/her responsibility that what is stated above corresponds to the truth and is aware of the civil and penal consequences of false declarations.

AUTHORIZES

MARCIALONGA to the treatment of the health-related data of this form and to the conservation of the data according to Reg. EU 20167679 and the current regulation.

THE PARTICIPANT

(PLACE AND DATE)

(SIGNATURE)