



## COVID-19 STATEMENT

Name and Surname: \_\_\_\_\_

Contact (mail and phone): \_\_\_\_\_

### My role on 10.th WithU Rally Vipavska dolina is (MARK ACCORDINGLY):

- Competitor
- Competitors team member (mechanics, team leader, other personnel, accredited as a part of the team)
- Organizational staff team member (headquarters, security and other personnel, essential for the event).
- Journalist / photographer

### 1. I hereby declare, that I have presented a negative test for the SARS-CoV-2 virus (either a polymerase chain reaction (henceforth PCR) test or a rapid antigen test (henceforth RAT) which is not older than 48 hours (MARK ACCORDINGLY) :

- The presented test was done at the event on Friday, 25.6.2021,
- The presented test was done at the event on Saturday, 26.6.2021,
- The presented test was not done at the event, the negative result is not older than 48 hours,
- I have official proof of a negative PCR or RAT test, which was issued in: a European Union country, a country which is a part of the Schengen area, the United Kingdom of Great Britain and Northern Ireland or in the United States of America,
- I did not perform a test, since I have other documentation that proves that I do not need to be tested (If you do not need to be tested, mark this circle and continue filling out the form).

### 2. I have the following official documentation which proves that I am not obliged to perform a test for the SARSCoV-2 virus (MARK ACCORDINGLY) :

- An official positive PCR test result which is older than 10 days, but is not older than 6 months,
- An official doctors note, which proves that I have recovered from COVID-19 and that the first symptoms have not appeared more than 6 months ago,
- An official note, which proves that I have been vaccinated against COVID-19 and that I comply with the number of days since I was vaccinated, prescribed with the following section (If you have been vaccinated, mark this circle and continue filling out the form).

### 3. My official COVID-19 vaccination note proves that no less than the prescribed number of days have passed from (MARK ACCORDINGLY) :

- The second dose of the Comirnaty vaccine made by Biontech/Pfizer; at least 7 days,
- The second dose of the COVID-19 vaccine made by Moderna; at least 14 days,
- The first dose of the Vaxzevria vaccine made by Astra Zeneca; at least 21 days,
- The only one dose of the Janssen vaccine made by Johnson and Johnson/Janssen- Cilag; at least 14 days;
- The first dose of the Covishield vaccine made by Serum Institute of India/Astra Zeneca; at least 21 days,
- The second dose of the Sputnik V vaccine made by Russia's Gamaleya National Centre of Epidemiology and Microbiology; at least 14 days,
- The second dose of the CoronaVac vaccine made by Sinovac Biotech; at least 14 days,
- The second dose of the COVID-19 Vaccine made by Sinopharm; at least 14 days.

### 4. I additionally declare that :

- ✓ I am healthy (without any of the following symptoms: elevated body temperature, stuffed or runny nose, sneezing, coughing, pain in the larynx, heavy breathing, headache, muscle pains, diarrhea, nausea, altered smell and/or taste, unusually tired, having an eye infection)
- ✓ I do not live with a person, which has been confirmed as positive for COVID-19 and I have not been placed into quarantine
- ✓ **I hereby declare that by signing this document, I acknowledge it as legally binding. The document contains my truthful answers and can be used to verify my statements, if any legal problems arise. The document can also be used in a court of law if any legal problems arise.**

Place and date, \_\_\_\_\_

Signature: \_\_\_\_\_