



24. ROČNÍK MEZINÁRODNÍHO CYKLISTICKÉHO ETAPOVÉHO ZÁVODU MUŽŮ

VYSOČINA 2021

29. ČERVENCE - 1. SRPNA 2021

AFFIDAVIT OF HEALTH IN RELATION TO COVID-19

I, the undersigned

first and last name:

born:

contact mail and phone:

I have submitted to the organizer:

- Negative RT-PCR test that I took no more than 7 days before the start of the event
- Negative antigenic test that I took no more than 72 hours before the start of the event
- certificate of discontinued vaccination and at least 14 days or 21 days have elapsed since the second dose in the case of a two-dose scheme
- confirmed COVID-19 disease, for which the isolation period has passed according to the current emergency measure of the Ministry of Health and since the first positive POC antigen test for the presence of sars-cov-2 or RT-PCR virus antigen test for sars-cov-2 virus has not passed more than 180 days
- an antigenic test for the determination of the presence of sars-cov-2 virus antigen, which is intended for self-testing or authorised by the Ministry of Health for use by a lay person, with a negative result, and a person who, as part of the mandatory testing of employees provided for by another emergency measure by the Ministry of Health, passed a test no later than 72 hours ago to determine the presence of sars-cov-2 virus antigen, which is intended for self-testing or authorised by the Ministry of Health for use by a lay person with negative results and has been provided to a person by his employer; this is evidenced by a confirmation from the employer (similarly from school) or an **affidavit**.

I declare that:

- I am not aware that I have an active COVID-19 disease or other commune disease,
- I am not aware that I have come into contact with a person suffering from the abovementioned disease and have not been quarantined for this reason,
- I have not suffered in the last three weeks and do not suffer from deterioration of health in terms of coughing, breathing difficulties or elevated temperature, feelings of general weakness or pain in muscle groups or joints,
- I know that by withholding the above facts, I may seriously endanger the health of other participants in the event
- I am aware of the legal consequences of both the false affidavit and the offence of spreading a contagious disease

Signature of the participant of the event

Date