

**FIS Czech Championships Men & Women**

**Nové Město na Moravě, 22. - 24. 1. 2021**

**AFFIDAVIT**

**About the absence of symptoms of viral infectious disease**

I, the undersigned

Name & surname: ……..………………………………………………………………..

Born on: ……..…………………………………………………………………..

I declare that:

* I do not know that I have active COVID-19 or any other communicable disease
* I do not know that I have come into contact with a person suffering from the above disease and I have not been quarantined for that reason
* I have not suffered in the last three weeks and I do not suffer from deteriorating health in terms of coughs, difficulty breathing or fever, feelings of general weakness or pain in muscle groups or joints, sudden loss of taste and smell, etc.

I am aware that by concealing the above facts, I can seriously endanger the health or even the lives of other participants.

I am aware of the legal consequences of a false affidavit and the crime of spreading a contagious disease.

In (place) ..………………………………….. on (date) ……………………………..

Signature …………………………………………