

PRE-TRAVEL MEDICAL CERTIFICATE COVID 19 OUTBREAK

To be provided within 72 hours before the athletes' travel to the event or no later than 6 days before the event for local athletes.

Name of the Person examined	
Born (date/city/country)	
Passport No	
Address/city/country	
National Triathlon Federation	

ATHLETE

I hereby declare that:

» I was not / I was tested positive to antigenic or PCR nasopharyngeal test on (date):

.....

» I was tested negative to antigenic or PCR nasopharyngeal test on (date):

.....

» I am not in quarantine and I was without any COVID-19 symptoms from the previous 14 days

» I did not / I did a COVID-19 vaccination on (date):

.....

Date:

Athlete Signature

DOCTOR

I hereby certify that I have examined the above named person on (date):

.....

From the information to health being declared by the person and my clinical examination I certify that:

» s/he his in good health .

Name, address, official office stamp and signature of the Doctor

In case of a previous positive PCR nasopharyngeal test the athlete must provide a new negative PCR test that must be attached to this certificate.

The vaccination certificate must be attached to this certificate if it was performed

Delete where inapplicable