



# APPENDIX 1 - Declaration of Honour

(updated April 2021)



Full name: .....

Delegation nationality: .....

Date and time of arrival: .....

Delegation COVID-19 Manager: .....

Consenting parent\* for minors:.....

14 days prior to your travel to the event		YES	NO
1	Were you in close contact (for more than 15min, closer than 2m, without wearing a mask) with a COVID-19 positive person?		
2	Did you have any of the following symptoms: cough, sore throat, shortness of breath, fatigue, elevated temperature (37.5 ° C or higher), diarrhoea, muscle pain, loss of smell, loss of taste? If YES to any of the symptoms, please, underline them in the list.		
3	Did you attend any international training camp*? *Training camp with athletes from different nations who don't train regularly together.		
		YES	NO
4	Have you ever been COVID-19 positive?		
5	Please, provide the date of your first positive test. Please, use dd/month/yyyy format.	--/-----/----	
6	Are you vaccinated?		
7	Have you received both doses? Please, write yes, if your vaccine requires only one dose.		

I hereby declare on my honour that if any of the above symptoms occur, at any point during my stay or travel, I will duly and immediately inform my Delegation's COVID-19 Manager, who shall then inform IJF and the Local Organising Committee's COVID-19 Manager. I understand that if I do not follow the **"Protocol for resuming IJF events during the COVID-19 pandemic"** that I will be removed from the event and subject to disciplinary action.

Signature\*: .....

Print name\*: .....

Date: .....

**Delegation COVID-19 Manager**

**Athlete / parent\***

Consenting parent\*: parent, caretaker, authorised person to sign a consent on behalf of a minor.

Completed forms should be uploaded to the [my.ijf.org](https://my.ijf.org) platform. If assistance is needed please contact [registration@ijf.org](mailto:registration@ijf.org)