

KRAKONOŠŮV CYKLOMARATON

Trutnov 19. 6. 2021

Self reporting

Start number

.....
First name

.....
Last name

Adresa (Address)

.....
Street

.....
Number

.....
City

.....
ZIP code

.....
Country

.....
Date and place of birthday

.....
E-mail

.....
Phone

I have COVID symptome (fever, dry cough, breathlessness,
sore throat, disturbed sense of taste-smell, squits, throw up)

yes

no

Check one of the options:

- I had COVID 19 in the last 180 days
Beginning of isolation:(not earlier than 19. 12. 2020)
- Date of last negativ POC test (not older 17. 6. 21)
- Date of last negativ PCR test: (not older 12. 6. 21)
- I was vaccinated with at least one dose of COVID 19
vaccine more than 22 days ago, the date of vaccination: (28. 5. 21 and earlier)
- On-site test result

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

Place:..... date:

Signature: