



# Athlete Registration Form for the safe return to sporting activity

Date: ...../...../.....

Surname: ..... Name: .....

Name of father: ..... Date of birth: ...../...../.....

**1. Have you fallen ill with Covid-19 (recovering in hospital or at home)?**

YES  NO

**If you have fallen ill, then a cardiologist must first certify that you are fit to train.**

**2. Have you experienced any of the following symptoms within the last 14 days?  
(fever, cough, fatigue, muscle and/or joint pain)**

YES  NO

**If you have had any such symptoms, you must avoid exercise for at least 14 days.**

**3. Have you come in contact with a suspected or confirmed case of Covid-19 within the last 14 days?**

YES  NO

**If YES, then you must avoid intensive exercise for 14 days from the last time you came in contact with the case.**

**I have answered NO to all of the above, and have received information about both preventative and protective measures, and about health problems that can arise due to coronavirus (Covid-19).**

.....  
(Signature)