



Self-Certification International Form SARS-CoV-2 / Covid-19

a) **NAME and SURNAME:**
DATE of BIRTH:
NATIONALITY:
ID / PASSPORT NUMBER:
E- MAIL:
MOBILE PHONE:

b) **NAME and SURNAME:**
DATE of BIRTH:
NATIONALITY:
ID / PASSPORT NUMBER:
E- MAIL:
MOBILE PHONE:

exercising parental responsibility for the minor (hereinafter referred to as the **"Signatory"**):

NAME and SURNAME:
DATE of BIRTH:
NATIONALITY:
ID / PASSPORT NUMBER:
E- MAIL:
MOBILE PHONE:
(Internazional Licence):
EVENT:

(hereinafter referred to as the **"Participant"**)

AWARE of the criminal penalties provided for in the event of false declarations and the creation or use of false deeds

DECLARES AND CERTIFIES UNDER HIS/HER OWN RESPONSABILITY the following:

1. The Signatory has acknowledged the content of the **GUIDELINES FOR THE CONTRAST OF THE DIFFUSION OF COVID-19 IN FEDERAL SPORTING EVENTS FMI**, which current version is available at <https://www.federmoto.it/pubblicate-le-linee-guida-delle-discipline-fmi-per-il-contrasto-della-diffusione-del-covid-19/>;
2. The Signatory accepts and agrees to be abide by the **GUIDELINES FOR THE CONTRAST OF THE DIFFUSION OF COVID-19 IN FEDERAL SPORTING EVENTS FMI**, including the rules, measures and recommendations contained therein, during and in connection to the Event;
3. The Signatory has taken note of the contents of the **Ordinance of the Minister of Health of 12 August** and of the **Regional Ordinances** which contain health provisions for those entering Italy;
4. The Signatory hereby declares that The Participant:
 - A. **Not currently being positive for SARS-CoV-2 / COVID-19, not been previously diagnosed with SARS-CoV-2 / COVID-19 and being investigated as per the protocol in the case of COVID + ascertained and cured and not being subjected to the quarantine measure;**
 - B. **Have'nt you experienced any symptoms (e.g. fever, chest pain with or without dyspnea (shortness of breath), dry cough, gastroenteritis / diarrhea, asthenia (unusual tiredness), anorexia (decreased appetite), loss of taste or smell and/or others according to the updated local official regulations / indications about Public Health related to Covid-19 disease that may be compatible with SARS-CoV-2 / COVID-19 in the last 14 days;**
 - C. **Have'nt you been in contact with any person diagnosed with SARS-CoV-2 / COVID-19 in the last 14 days;**
 - D. **Have carried out what is required according to the Ordinance of the Minister of Health 28/3 and 12/8, the Regional Ordinances and the current procedures and health provisions for those entering to Italy depending on the country of origin.**

a) *For acceptance upon check-in at the Event*

b) *For acceptance upon check-in at the Event*

Date:

Date:

Signature:

Signature:

Name:

Name: