

## IZJAVA COVID 19

Ime:

Priimek:

Telefonska številka:

E-mail:

**1. Moja vloga na tekmovanju 36. AMTK RALLY VELENJE 2021**

(navedbo označimo z X v krogcu):

- Tekmovalec
- Član spremljevalne ekipe tekmovalca (mehaniki, vodja ekipe, drugo strokovno osebje, ki je vpisano v seznam članov spremljevalne ekipe)
- Član organizacijskega osebja (vodstvo, redarstvo in druge osebe, ki so nujno potrebne za izvedbo športnega tekmovanja)

**2. Izjavljam, da sem ob vходу na prireditev predložil negativni rezultat testa na virus SARS-CoV-2 z metodo verižne reakcije s polimerazo (v nadaljnjem besedilu: test PCR) ali hitrega antigenskega testa (v nadaljnjem besedilu: test HAG), ki ni starejši od 48 ur in sicer (navedbo označimo z X v krogcu):**

- Test sem opravil na območju prireditve v petek, 28.5.2021,
- Test sem opravil na območju prireditve v soboto, 29.5.2021,
- Test sem opravil v lastni režiji, negativni rezultat testa pa ni starejši od 48 ur,
- Posedujem dokazilo o negativnem rezultatu testa PCR ali testa HAG, ki je izdano v državah članicah Evropske Unije, državah članicah schengenskega območja, Združenem kraljestvu Velike Britanije in Severne Irske ali Združenih državah Amerike,
- Testa nisem opravil ker posedujem dokazila, na podlagi katerih se mi ni potrebno testirati

**(v kolikor ne potrebujete testa označite to polje in nadaljujete z izjavo v 3. odstavku).**

**3. Posedujem naslednja dokazila oz. potrdila, na podlagi katerih sem opravičen testa na virus SARS-CoV-2 (navedbo označimo z X v krogcu):**

- Posedujem dokazilo o pozitivnem rezultatu testa PCR, ki je starejši od deset dni vendar ni starejši od šest mesecev in zdravnik ni presodil drugač,
- Imam potrdilo zdravnika, da sem prebolel COVID - 19 in od začetka simptomov ni minilo več kot šest mesecev,

- Posedujem dokazilo, da sem cepljen zoper COVID - 19 in je od prejema cepiva preteklo najmanj toliko dni, kot je to določeno z odlokom

**(v kolikor ste cepljeni označite to polje in nadaljujete z izjavo v 4. odstavku).**

**4. Iz dokazila o cepljenju zoper COVID - 19, ki ga posedujem izhaja, da je poteklo od (navedbo označimo z X v krogcu):**

- drugega odmerka cepiva Comirnaty proizvajalca **Biontech/Pfizer** najmanj 7 dni,
- drugega odmerka cepiva COVID-19 Vaccine proizvajalca **Moderna** najmanj 14 dni,
- prvega odmerka cepiva Vaxzevria (COVID-19 Vaccine) proizvajalca **AstraZeneca** najmanj 21 dni,
- odmerka cepiva COVID-19 Vaccine Janssen proizvajalca **Johnson in Johnson/Janssen-Cilag** najmanj 14 dni,
- prvega odmerka cepiva Covishield proizvajalca **Serum Institute of India/AstraZeneca** najmanj 21 dni,
- drugega odmerka cepiva **Sputnik V** proizvajalca Russia's Gamaleya National Centre of Epidemiology and Microbiology preteklo najmanj 14 dni,
- drugega odmerka cepiva CoronaVac proizvajalca **Sinovac Biotech** najmanj 14 dni,
- drugega odmerka cepiva COVID-19 Vaccine proizvajalca **Sinopharm** najmanj 14 dni.

**Poleg tega izjavljam, da:**

- sem zdrav (brez katerega izmed navedenih simptomov in znakov: povišana telesna temperatura, zamašen nos/nahod, kihanje, kašljanje, bolečine v žrelu, težko dihanje, glavobol, bolečine v mišicah, driska, slabost/bruhanje, sprememba voha in/ali okusa, neobičajna utrujenost, vnetje očesnih veznic tako v blagi kot v težji obliki),
- ne živim z osebo s potrjeno boleznijo COVID-19 in mi ni bila predlagana karantena,
- s svojim podpisom potrjujem, da je dokazilo glede izpolnjevanja udeležbe na prireditvi, pristno ter prevzemam kazensko in odškodninsko odgovornost v kolikor bi se v naknadnem nadzornem postopku ugotovilo, da sem zavajal ali predložil lažno oz. neveljavno potrdilo.

Kraj in datum: \_\_\_\_\_

Podpis: \_\_\_\_\_

## COVID-19 STATEMENT

Name:

Surname:

Phone number:

E-mail:

**5. I am present at the 36<sup>th</sup> AMTK RALLY VELENJE 2021 as a**

*(mark with an X in the circle):*

- Competitor
- Competitors team member (mechanics, team leader, other personnel, accredited as a part of the team)
- Organizational staff team member (headquarters, security and other personnel, essential for the event)

**6. I hereby declare, that I have presented a negative test for the SARS-CoV-2 virus (either a polymerase chain reaction (henceforth PCR) test or a rapid antigen test (henceforth RAT) which is not older than 48 hours. (mark with an X in the circle):**

- The presented test was done at the event on Friday, 28. 5. 2021,
- The presented test was done at the event on Saturday, 29. 5. 2021,
- The presented test was not done at the event, the negative result is not older than 48 hours,
- I have official proof of a negative PCR or RAT test, which was issued in: a European Union country, a country which is a part of the Schengen area, the United Kingdom of Great Britain and Northern Ireland or in the United States of America,
- I did not perform a test, since I have other documentation which proves that I do not need to be tested.

**(If you do not need to be tested, mark this circle and continue filling out the form in section 3.)**

**7. I have the following official documentation which proves that I am not obliged to perform a test for the SARS-CoV-2 virus (mark with an X in the circle):**

- An official positive PCR test result which is older than 10 days, but is not older than 6 months,
- An official doctors note, which proves that I have recovered from COVID-19 and that the first symptoms have not appeared more than 6 months ago,

- An official note, which proves that I have been vaccinated against COVID-19 and that I comply with the number of days since I was vaccinated, prescribed with the following section.

**(If you have been vaccinated, mark this circle and continue filling out the form in section 4).**

**8. My official COVID-19 vaccination note proves that no less than the prescribed number of days have passed from: (mark with an X in the circle):**

- The second dose of the Comirnaty vaccine made by **Biontech/Pfizer**; at least 7 days,
- The second dose of the COVID-19 vaccine made by **Moderna**; at least 14 days,
- The first dose of the Vaxzevria vaccine made by **AstraZeneca**; at least 21 days,
- The first dose of the Janssen vaccine made by **Johnson and Johnson/Janssen-Cilag**; at least 14 days;
- The first dose of the Covishield vaccine made by **Serum Institute of India/AstraZeneca**; at least 21 days,
- The second dose of the **Sputnik V** vaccine made by Russia's Gamaleya National Centre of Epidemiology and Microbiology; at least 14 days,
- The second dose of the CoronaVac vaccine made by **Sinovac Biotech**; at least 14 days,
- The second dose of the COVID-19 Vaccine made by **Sinopharm**; at least 14 days.

**I additionally declare that:**

- I am healthy (without any of the following symptoms: elevated body temperature, stuffed or runny nose, sneezing, coughing, pain in the larynx, heavy breathing, headache, muscle pains, diarrhea, nausea, altered smell and/or taste, unusually tired, having an eye infection)
- I do not live with a person, which has been confirmed as positive for COVID-19 and I have not been placed into quarantine

**I hereby declare that by signing this document, I acknowledge it as legally binding. The document contains my truthful answers and can be used to verify my statements, if any legal problems arise. The document can also be used in a court of law if any legal problems arise.**

Time and date: \_\_\_\_\_

Signature: \_\_\_\_\_