



COVID-19 Health Check Form

For teams & officials IFSC World Cups (L/S) Villars (SUI) – 1-3 July 2021

Contact (of the legal guardian or coach in case of minors):

Last Name: First Name:

Phone.: Mail:

Name of the athlete (for minors):

Accommodation:

Entry from the following country:

I,, hereby certify, that

YES NO

- I was completely symptom-free in the last 7 days.
- I am completely symptom-free at the moment.
- I was not knowingly in contact with an infected person in the last 10 days.
- I know the COVID-19 measures for the WC Villars and will implement them responsibly during the competition.
- I have provided all information truthfully.

Place, Date: Signature:

Signature of the legal guardian or coach for minors:

This data is kept by the SAC for the purpose of contact tracing in connection with COVID-19 for 14 days and then destroyed.