

SELF-DECLARATION FOQR & WCII/LUCERNE REGATTA 2021

TO BE FILLED IN ON THE DAY OF THE EVENT AND TO BE PRESENTED WITH THE NEGATIV PCR TEST FOR ACCREDITATION

The Federal Council has issued the Ordinance on Measures in the Special Situation to Combat the COVID-19 Epidemic. Based on this ordinance, any person wishing to be present at LUCERNE REGATTA must provide their contact details if there is a shortfall in the required distance without protective measures for more than 15 minutes. This also applies to minors.

The organizer points out that the expected shortfall of the required distance represents an increased risk of infection. For the purpose of efficient contact tracing, this data may, if necessary, be passed on to the competent cantonal authority, which may order a quarantine. The contact data is treated confidentially and is destroyed and deleted after 14 days.

Without self-declaration an accreditation will be denied!

| | | | |
|--------------------------------------|----------------|--|---------------------------------------|
| Date: | | | |
| Team <input type="checkbox"/> | Nation: | World Rowing <input type="checkbox"/> | Media <input type="checkbox"/> |
| First name & Surname | | | |
| Residence / Accommodation | | | |
| Mobile | | | |
| Entering from which country | | Countries visited the last 10 days | |
| | | | |

| Vaccination / COVID | YES | No |
|---------------------------------------|--------------------------|--------------------------|
| Have they already been vaccinated? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you already had a COVID disease? | <input type="checkbox"/> | <input type="checkbox"/> |

CORONAVIRUS HEALTH CHECKLIST

| State of health in the past 14 days (please tick) | YES | No |
|---|--------------------------|--------------------------|
| a) In the past 14 days, have you had any symptoms of illness such as cough, fever, other upper respiratory symptoms, or loss of smell or taste? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Has anyone you live with or have close contact with had any of these symptoms in the past 10 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Did a person with whom you have intimate contact (e.g. hugging, kissing) have any of these symptoms of illness in the next 48 hours after the contact? | <input type="checkbox"/> | <input type="checkbox"/> |

| Current state of health (please tick) | | | | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|
| Do you now or have you had any of the following symptoms in the last 48 hours: | | | | | | | | |
| | YES | No | | YES | No | | YES | No |
| (a) cough (usually dry) | <input type="checkbox"/> | <input type="checkbox"/> | b) Sore throat | <input type="checkbox"/> | <input type="checkbox"/> | (c) shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) fever, feeling of fever | <input type="checkbox"/> | <input type="checkbox"/> | (e) muscular pains | <input type="checkbox"/> | <input type="checkbox"/> | f) Sudden loss of the sense of smell | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Sudden loss of the sense of taste | <input type="checkbox"/> | <input type="checkbox"/> | h) Gastrointestinal symptoms (e.g. diarrhoea) | <input type="checkbox"/> | <input type="checkbox"/> | (i) headache | <input type="checkbox"/> | <input type="checkbox"/> |
| j) conjunctivitis | <input type="checkbox"/> | <input type="checkbox"/> | (k) rhinitis | <input type="checkbox"/> | <input type="checkbox"/> | (l) other | <input type="checkbox"/> | <input type="checkbox"/> |

If one of the above questions is answered with "YES", attendance at the event may be prohibited! Presence is only allowed after consulting the Covid-19 Medical Officer (CMO) by phone. Under certain circumstances, an additional COVID-19 test with a negative result may be required by the organizer for attendance.

I hereby declare that I will strictly comply with the applicable rules of conduct and hygiene of the FOPH as well as the specific instructions of the organiser. I assure that I have provided the information to the best of my knowledge and that it is correct and complete. I am aware that misuse may be punished under national law. Attendance at the regatta is at your own risk. Incorrect behaviour will result in exclusion from the event.

| | |
|-----------------------------|--|
| Date & Signature | |
|-----------------------------|--|