



MORAVSKÝ POHÁR  
MAJSTROVSTVA SLOVENSKA  
ROTAX MAX CHALLENGE



Moravský motokárový klub v AČR

## DECLARATION

Name and surname:

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Date of birth:

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Contact - mobile:

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Legal representative - name and surname:

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I declare and prove myself by confirmation (choose one of the four options):

» I have suffered a laboratory-confirmed COVID 19 within 180 days

YES

Date of RT-PCR positive test:

» I have a certificate on vaccination against COVID 19

YES

Date of vaccination:

» I have taken an RT-PCR TEST (not older than 7 days) with a negative result

YES

Date of testing:

» I have taken an ANTIGEN TEST (not older than 72 hours) with a negative result

YES

Date of testing:

In the last 7 days I have met a person who was COVID 19 positive

NO

YES

I follow all the anti-epidemic recommendations against the spread of COVID 19.

Date:

Signature (Legal representative):

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