



MORAVSKÝ POHÁR
MAJSTROVSTVÁ SLOVENSKA
ROTAX MAX CHALLENGE



Moravský motokárový klub v AČR

HONORABLE DECLARATION

Name and surname:

Date of birth:

Contact - mobile:

Legal guardian - name and surname:

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

» I have had COVID 19 in the last 180 days

YES

Date of illness:

» I am vaccinated against COVID 19

YES

Date of vaccination:

» I passed a PCR TEST (not older than 72 hours) with a negative result

YES

Date of testing:

» I passed an ANTIGEN TEST (not older than 48 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 anti-epidemic recommendations against the spread of COVID 19.

Date:

Signature (legal guardian):
