

Self-declaration for infection disease protection

1. Do you have **flu-like symptoms** at present? (please circle/mark your answers)

yes no

2. Did you have flu symptoms **within the last 14 days**?

symptom(s)	yes	no
sore throat		
caughing (not chronic)		
cold symptoms/head cold		
loss off your sense of taste and/or smell		
fever		
breathing trouble		

For explicit diagnostic please contact a doctor.

3. Did you have any **contact** to a person who is infected with COVID-19 or a person who is suspected of being infected within the last 14 days?

yes no

4. Have you taken a COVID-19 test within the last 14 days because you were infected or **suspected to be infected** with COVID-19?

yes no

If yes, has this test **been positive**:

yes no

5. Do you belong to a group that is considered **vulnerable** in view of COVID-19?

yes no

6. Is someone close to you **currently in quarantine** because of COVID-19?

yes no

If you now answered any of the questions above with a final “yes” you cannot skydive or tandem jump at our dropzone in the near future!

If you answered with a final “no” and now want to participate in our sport (in accordance with your self-declaration) you hereby declare with legal effect that you are aware that there is a risk of infecting yourself with COVID-19 when engaging in sport activities with other people, even if every precaution will be taken.

You also accept the hygienic concept of TAKE OFF Fallschirmsport as binding and hereby confirm that you read and fully understood it.

.....
Date, Name, Signature