



TOPS INTERNATIONAL ARENA
VALKENSWAARD

COVID-19 SYMPTOM SELF-ATTESTATION

This self-attestation must be provided on site and signed before entering Tops International Arena competition ground. Access to the facilities will not be guaranteed otherwise.

| Have you experienced any of the following symptoms within the last 14 days? | YES | NO |
|---|-----|----|
| • Fever (38° C/100.4° F or higher) or a sense of having a fever? | | |
| • Cough that you cannot attribute to another health condition? | | |
| • Shortness of breath that you cannot attribute to another health condition? | | |
| • Sore throat that you cannot attribute to another health condition? | | |
| • Muscle pain that you cannot attribute to another health condition or that may have been caused by a specific activity, such as physical exercise? | | |
| • Gastrointestinal symptoms, such as nausea, vomiting or diarrhea that you cannot attribute to another health condition? | | |
| • Respiratory symptoms, such as a runny nose, that you cannot attribute to another health condition? | | |
| • Chills that you cannot attribute to another health condition? | | |
| • Loss of taste or smell that you cannot attribute to another health condition? | | |
| • Headache that you cannot attribute to another health condition or emotional reason? | | |
| Have you... | YES | NO |
| • been tested positive to Covid-19? | | |
| • been in contact (more than 15 minutes and less than 1,50 m away) within the last 15 days with a person positive to Covid-19 or with symptoms? | | |

If all answers are marked with NO, and you have passed a negative COVID-19 pcr test (not older than 72 hours), you can go to the Tops International Arena.

If at least one answer is checked with YES, you cannot enter to Tops International Arena and must go to your own health care provider for medical guidance.

FUNCTION

Complete name

Telephone

Email

Date

Signature