



# The Federation of Artistic Roller Skating

## TRIAGE RISK COVID 19

### EVALUATION FORM AT THE ENTRANCE TO THE TRAINING SITE

<b>FULL NAME</b>	
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**In the past two weeks .....**

	YES	NO
Has been in close contact with established cases (living or deceased)		
Has been in close contact with suspicious or high risk cases		
Has been in close contact with close family members in suspicious cases		
Have cough, cold, breathing difficulties, flu syndrome, temperature above 37.5 C		

SIGNATURE OF SKATER/PARENT/ LEGAL GUARDIAN FOR MINORS \_\_\_\_\_

The undersigned \_\_\_\_\_ (Adult, athlete or parent/legal guardian of the minor athlete (Date of Birth) \_\_\_\_\_ and lives in \_\_\_\_\_

#### **I DECLARE**

- ◆ That he/she has not had an established diagnosis of COVID 19.
- ◆ Has not had direct contact with anyone who has positive diagnosis of COVID 19.
- ◆ Has not had any Covid 19 symptoms in the last two weeks (coughing, temperature, difficult breathing, tiredness, diarrhoea, loss of taste/smell)

DATE \_\_\_\_\_ VENUE \_\_\_\_\_

I authorise FARS / CLUB NAME \_\_\_\_\_ to process my data regarding the state of health contained in this form and its reference to current national legislation.

The undersigned as identified above certifies responsibility that what is stated above corresponds to the true awareness of the civil and criminal consequences of a fake declaration also in relation to the risk of contagion with the sport centre facility and the practice of sports activities competitive

SIGNED SKATER/PARENT/GUARDIAN \_\_\_\_\_