

MEDICAL CERTIFICATE COVID 19 OUTBREAK

Name of the Person examined	
Born (date/city/country)	
Passport No	
Address/city/country	
National Triathlon Federation	

I hereby certify that I have examined the above named person on (date):

From the information to health being declared by the person and my clinical examination I certify that:

- » s/he has not tested positive to PCR nasopharyngeal test; and
- » s/he is not in quarantine and has been without any COVID 19 symptoms for the previous 14 days .

S/He is currently in good health.

Date:

Patient Signature

Name, address, official office stamp and
signature of the Doctor

In case of a previous positive PCR nasopharyngeal test the athlete must provide a new negative PCR test (total of two consecutive negative test) that must be attached to this certificate.