

Covid-19 Health Declaration

Any person attending the 2021 Jordan Rally MERC is required to complete this declaration.

All the information provided in this questionnaire is for internal screening purposes only and will remain confidential.

The information will only be shared if an attendee is identified as an 'At Risk Attendee' and only with their express written permission.

By entering my personal information, I consent to receive email communications (if needed) based on the information collected

First Name		Last Name		
Email				
Age				
Under 11	Between 11 - 17	Between 18 - 64	Over 65	
Your role in the event				
Competitor	Official	Organiser	Marshal	
Media	Service	Other (Specify)		
Which country/city did you arrive from?				
Country	,	City		
In the last 10 days, have you been tested for COVID-19?				
I was tested and my result was positive for COVID-19				
I was tested and my result was negative for COVID-19				
I was tested but I have not yet received my test results				
I have not been tested in the last 10 days				
Have you recently starte	ed experiencing any of these	e symptoms?		
Fever or chills				
Mild or moderate difficulty breathing				
New or worsening cough				
Sudden loss of taste or smell				
Sore throat				
Vomiting or diarrhea				
Severe, unexplained fatigue or aching throughout the body				
None of the above				
Does any of the following	ing apply to you?			
Obesity				
Smoking / Vaping				
Pregnancy				
Diabetes				
High blood p	High blood pressure			



Chronic kidney or liver diseases	
Chronic lung disease, such as moderate to severe asthma, COPD (chrodisease), cystic fibrosis, or pulmonary fibrosis	onic obstructive pulmonary
Serious heart condition, such as heart failure, prior heart attack, or card	omyopathy
Weakened immune system from HIV, cancer treatment, use of medicin supression, or other factors (please specify below)	es causing immune
Stroke, dementia, or other cerebrovascular disease or neurologic conditi	on
Sickle cell disease, thalassemia, or other blood disorder	
Other	
None of the above	

In the last 10 day, did any of the following apply to you?				
	I lived with someone who has COVID-19			
	I looked after someone who had COVID-19			
	For at least 15 minutes, I was within 2 meters of someone who has COVID-19			
	I might have been exposed to COVID-19			
	I've had no potential exposure fo COVID-19			

In the last 10 days, did you visit a healthcare facility?		
	I visited a healthcare facility in the last 14 days	
	I did not visit a healthcare facility in the last 14 days	

Declaration

I CONFIRM THAT THE SUBMITTED INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Continue to observe the three pillars of COVID-19 infection control:

Keep Social Distance (2m, wherever possible)

Wear a face mask at all times

Wash hands regularly or use hand-sanitizer

By submitting this document, you agree that you have read and understood the Covid-19 Protocols implemented by the Jordan Rally MERC organisers as well as the provisions of the FIA International Sporting Code Appendix S - Covid-19 Code of Conduct available on www.fia.com.

For further information, refer to:

Jordan Rally MERC Covid-19 Mitigation Plan.

By submitting this questionnaire, I hereby release and agree to hold the Jordan Rally MERC Organisers and FIA harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the Jordan Rally MERC Organisers and FIA, or that may otherwise arise in any way in connection with any services received from the Jordan Rally MERC Organisers and FIA.

Print this form after completion and submit at the Service Park entrance.

