**JUDO FEDERATION OF INDIA**

Selection Trials on 9th ~ 11th September 2021 at I.G. Stadium, New Delhi

**SELF DECLARATION FOR ( COVID-19 )**

( This Declaration Form must be submitted by all the participants, duly filled and signed during the accreditation on 9th February 2021 for Women & Men at I.G. Stadium, New Delhi )

|  |  |
| --- | --- |
| Name |  |
| State / Department |  |
| Mobile No. |  |
| Email ID |  |
| Date & Time of Arrival at Venue | Date ………………… Time………………….. |
| Name of Contact person & mobile number in case of Emergency Name: |  |
| Mobile No: |  |
| **Have you noticed any of the following symptoms within the last 14 days?** | |
| 1] Body temperature over 37.5°C | YES / NO |
| 2] Dry cough | YES / NO |
| 3] Sore throat | YES / NO |
| 4] Sudden onset of shortness of breath | YES / NO |
| 5] Sudden onset of vomiting and/or diarrhea | YES / NO |
| 6] Sudden onset of articular and/or muscle pain | YES / NO |
| 7] Fatigue ( thakaan ) without a known cause | YES / NO |

Note: In case of any of the above questions answer is “YES”, please contact JFI Technical Official immediately

DATE SIGNED :……………….. SIGNATURE OF PARTICIPANT………………….