



LITHUANIAN RADIO SPORTS FEDERATION

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COMMUNICATE No. 8

Kaunas
2020-06-16

On-site International High Frequency competition „Lithuanian HF CUP 2020“ on-site participants DECLARATION COVID-19

I _____, who lives in _____
(Name, Surname) (living address)

declare, that 2020 y. _____ d. executing the decision of the Minister of Health of the Republic
(month, day)
of Lithuania– State-level Emergency State Operation manual decision No. V-1116, written on 2020 y. May 11th ,

DECLARE, that me / my son / my daughter _____
(Choose correct) (Name, Surname)

- No fever (37.3°C or more) and no evidence of acute upper respiratory tract infections, acute intestinal infections and other communicable diseases (eg. runny nose, cough, difficulty breathing, diarrhea, vomiting, rash, etc.);
- Does not suffer from chronic diseases specified in the list of Serious Chronic Diseases for which a person is issued a certificate of incapacity for work during an emergency or quarantine period, approved by the Minister of Health of the Republic of Lithuania in 2020. March 23 by order no. V-483 “On the Approval of the List of Serious Chronic Diseases for Which a Person Is Issued a Certificate of Incapacity for Work During an Emergency or Quarantine Period” (hereinafter - Order No. V-483);
- Do not live with individuals who require isolation due to the risk of spreading coronavirus COVID-19 infection;
- I undertake to comply with all COVID-19 safety requirements during the event and to take the necessary safety equipments;
- I have appreciated all other possibilities in my / my son’s / daughter’s home and understand and accept
(Choose correct)
responsibility for the risk of contracting COVID-19 during the event.

I CONFIRM that the information in this declaration is correct and undertake to immediately notify the competition organizing committee if the information I have declared changes.

(signature)

**Declaration form prepared by: dr. Rolandas Žakelis LY5AA, +370-691-44414
“Lithuanian HF CUP – 2020” chief referee**