ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΠΟΛΙΤΙΣΜΟΥ ΚΑΙ ΑΘΛΗΤΙΣΜΟΥ
ΓΕΝΙΚΗ ΓΡΑΜΜΑΤΕΙΑ ΑΘΛΗΤΙΣΜΟΥ

ΕΘΝΙΚΟΣ ΟΡΓΑΝΙΣΜΟΣ
ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ

ATHLETE' S MEDICAL FORM FOR SAFE RETURN TO SPORTS ACTIVITY

Date: ……../……../…….

Forename & Surname: …….

Contact information: e-mail……

Mobile Phone number: ……

1. Have you contracted COVID-19

YES ☐ NO ☐

2. 2. Have you presented any of the symptoms below compatible with COVID-19 during the last 14 days?

YES ☐ NO ☐

- FEVER
- COUGH
- FEELING TIRED
- MYALGIA

3. Have you been in close contact with a suspected or confirmed case of COVID-19 during the past 14 days?

YES ☐ NO ☐

The Participant (forename & surname)…….

……

(Signature)