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## PERMISSION FORM - MEDICAL INFORMATION RELEASE - COVID-19

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<u>Last name</u>	
<u>First name</u>	
Date of birth	
Today's Date (dd/mm/yyyy)	

**Private and confidential**

I understand that World Athletics wishes to obtain:

1. the results of tests detecting SARS CoV2 genetic material (PCR or LAMP) on the samples collected from my saliva or naso/oropharyngeal swab; and
2. the results of the medical examination carried out on me by my personal or team doctor or the doctor working with World Athletics to determine whether or not I display or report signs of COVID-19.

This information is required to allow World Athletics to assess whether I may participate in the World Athletics Half Marathon Championships Gdynia 2020 without causing a risk to public health.

I understand that if I do not allow the above information to be provided to World Athletics, I will not be permitted to participate in World Athletics Half Marathon Championships Gdynia 2020 as they will not be able to assess whether or not I pose a risk to public health.

I confirm that I [do/do not]\* consent you to send the above information to Dr Stéphane Bermon, medical delegate at the World Athletics Half Marathon Championships Gdynia 2020; and World Athletics' service provider for data hosting purposes, being noted that the servers can be located outside of Europe.

\*DELETE AS APPROPRIATE

Signed: \_\_\_\_\_

Name of individual:

