**SANITARY PROTOCOL**

**DECLARATION FORM**

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of participants as in passport/ID) (country)

with the **Passport / ID number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that in the last 14 days I was NOT in

contact with someone who tested positive for Covid-19, that I do not have Covid-19 symptoms and that I

will follow the Medical Clearance and Sanitary Protocol of Republic of Serbia and LOC.

**APPLICABLE TO THE TEAM LEADERS ONLY**: I hereby declare that if one or more team members of my team is positive for Covid-19 during our stay in Serbia, I will stay accommodated in Serbia during the whole time of my team member(s) isolation period which includes additional stay for any necessary medical treatment.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

**THE COMPLETED AND SIGNED DECLARATION FORM SHOULD BE SUBMITTED IN THE HARD COPY BEFORE ACCREDITATION PROCESS AT THE HOTEL INFO DESK. PARTICIPANTS WHO DO NOT SIGN THIS STATEMENT WILL NOT BE ELIGIBLE TO ATTEND THE EVENT.**