ANNEX 2

Health Declaration Form

Match: SKH-HK Malmø Date: 290820 Venue: Skjern Bank Arena

The information you provide here may be used by the public health authorities, in accordance with local legislation, in the context of the public health response to COVID-19. The form must be completed by all spectators over the age of 13. One form can be used for a group with members of the same household.

Name(s): .....
Email address: .....
Phone number: .....
Seat number(s): free seating – with distance. Please follow the instructions in the arena

	Yes	**No**
Do you (or anyone else for whom you are completing this form) currently have symptoms or have symptoms, or have been diagnosed with Coronavirus disease (Covid-19) within the last 14 days?		
In the past 14 days have you (or anyone else for whom you are completing this form) been in contact with someone who is or could be infected with Coronavirus (Covid-19)		
In the past 24 hours have you (or anyone else for whom you are completing this form) had any of the following symptoms	**Yes**	**No**
1. Fever		
2. Cough		
3. Runny nose		
4. Sore throat		
5. loss of smell or taste		
6. Shortness of breath		

If you answered 'Yes' to any of the questions above, you and members of your household will not be granted to the arena.

I confirm that the information given in this form is correct to the best of my knowledge.

Signed: ..... Dated: .....