

# AEGEAN REGATTA 2021

## COVID—19 Declaration Form

Boat Name

### Crew List

No	Family Name	Given Name	Gender	Vaccination	Recovery	PCR/Rapid Test
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Please select which applies to each crew member.

**Vaccination:** vaccination certificate with a completion date of at least 14 days before the start of the event

**Recovery:** disease certificate valid for 2 to 9 months after the disease

**PCR or Rapid Test:** 24-48 hrs. test before the start of the event

### The Skipper

Signature \_\_\_\_\_

Date \_\_\_\_\_

### The Chief Medical Officer

Signature \_\_\_\_\_

Date \_\_\_\_\_