

# 1<sup>st</sup> The Hague Scout Group

# **AFFIDAVIT**

On the Non-existence of symptoms of viral infectious disease

Version: 2 Date: 01/07/2020

This form must be completed before participation in any 1<sup>st</sup> The Hague Scout Group event or meeting. Participation will only be permitted on submission of this completed form at least 24 hours prior to the meeting/event detailed in Section 1 below

	below.	o the meeting/event detailed in Section 1
1. Meeting/e	event	
	Name of event/meeting	Date of meeting/event
2. Participan	its details	
	First name	Family name
	Date of birth	Role
3. Signatorie	es details (if different to participant)	
	First name	Family name

Relationship to participant

### 4. Declaration

I declare that the above-named participant:

is free of all COVID-19 / Corona virus symptoms as detailed in Section 6.1 of this form,  does not fall into a high risk of a known COVID-19 health problem (kidney, heart, circulation, or respiratory problem, as detailed in Section 6.2 of this form),  does not share a home with, or come into regular contact with, high risk vulnerable individuals,  Is familiar with, careful of, and will maintain the necessary hygiene and social distancing measures,  has NOT, to the best of my knowledge, been in contact with any person suffering from, or suspected of suffering from, a viral disease for a period of 10 days prior to the meeting/event detailed in section 1,  has NOT travelled to regions requiring self isolation in the last 10 days,  and I will notify the 1st Hague Scout Group if the participant or any family member develops COVID-19 symptoms within 10 days after the meeting/event date detailed in Section 1.		
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days after the meeting/event date detailed in Section 1.	any family member develops COVID-19 symptoms within 10	
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## 5. Signature

I accept that answering 'No' to any of the declarations in Section 4 or failure to present this form at the meeting/event detailed in Section 1 may result in the exclusion of the participant from that meeting/event.

Date		
Signature		

NOTE: If you have answered yes to any of the above declarations, send a copy of this form to the organiser prior to the meeting/event taking place and only attend the meeting/event if specific permission is given.

### 6. Symptoms and risk factors

#### 6.1. Symptoms indicating possible infection

- Cold
- Runny nose
- Sneezing
- Sore throat
- Mild cough
- Body temperature of 38 °C or greater
- Sudden loss of smell or taste

#### 6.2. People with high risk factors

A person is deemed at high risk if he/she, or any person living in the same household, meets at least one of the following risk factors, as specified by The Ministry of Health:

- Age over 65 years with associated chronic diseases.
- Chronic lung disease (includes moderate and severe bronchial asthma) with long-term systemic pharmacological treatment.
- Heart diseases and/or diseases of large blood vessels with long-term systemic pharmacological treatment, e.g. hypertension.
- Disorder of the immune system, e.g.
  - o during immunosuppressive treatment (steroids, HIV, etc.),
  - o in anticancer treatment,
  - o after transplantation of solid organs and/or bone marrow,
- Severe obesity (BMI over 40 kg/m²).
- Pharmacologically treated diabetes mellitus.
- Chronic kidney disease requiring temporary or permanent support / replacement of kidney function (dialysis).
- Liver disease (primary or secondary).