



U. P. Athletics Association

Affiliated to U. P. Olympic Association & Athletics Federation of India

Standard Operating Procedure (SOP)

STATE ATHLETICS CHAMPIONSHIPS

MEDICAL SELF DECLARATION FORM

{To be submitted by the athlete during the Championships}

I hereby declare the latest update on my Health issues (Symptoms) since last one week from the date of my Athletics event (Date:)

(Please tick Yes/No)

- **Fever:** Yes / No
- **Cough:** Yes / No
- **Difficulty in breathing:** Yes / No (Blood pressure issues)
- **Running Nose:** Yes / No
- **Sore Throat:** Yes / No
- **Fatigue:** Yes / No
- **Redness in eyes:** Yes / No
- **Any skin lesions:** Yes / No

If any declaration is found misleading, I will be held responsible for this declaration.

U.P. Athletics Association or its Officials or the organisers of the State Athletics Championships will not be responsible for any untoward happening because of this declaration.

Name:

Signature

Contact Details:

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Mobile No.:

Email ID:

Date: January 2021