

## SWORN STATEMENT

I, the undersigned .....

hereby certify that:

- Not having been diagnosed positive for COVID-19 in the last 14 days.
- Not showing any symptoms\* of COVID-19 infection at any time during the last 8 days prior to my arrival at the retreat site.
- Not have been in close contact (for example, less than 2 meters for more than 15 minutes) with a person who has had COVID-19 in the 14 days before my arrival.
- Not being held in quarantine by the authorities for reasons related to COVID-19 for a period that includes the dates of the retreat.

I undertake to inform the organisers of any changes that occur during the course and within 15 days after the retreat.

\* fever, dry cough, headache, loss of taste or smell, shortness of breath, abnormal aches and pains, abnormal fatigue, diarrhoea, abnormal abdominal pain.

Date :

Signature :