



# WKF HEALTH QUESTIONNAIRE

## PARTICIPANT

First Name:

Last Name:

.....

National Federation/Club:

.....

Category (Kata/ Kumite):

.....

Email

Phone Number:

.....

## PARTICIPANT

Have you experienced any of the below symptoms in the last 14 days?

### Symptoms

YES NO

- 1 Temperature of 37,5°C or more
- 2 Dry cough
- 3 Sore throat
- 4 Difficulty for breathing
- 5 Sudden diarrhea or vomiting
- 6 Sudden muscle or body aches
- 7 Fatigue without a known cause

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Hereby I confirm that:

- Should I have had COVID-19 and been hospitalised, I should firstly consult with a doctor, before resuming training.
- Should I have had any COVID-19 related symptoms (fever, chills, cough, chest pain, fatigue, loss of taste or smell, diarrhea, etc.), these symptoms having commenced earlier than 24 days before and having stopped at least 48h before, I will have to present a negative COVID-19 PCR test certificated in at least two consecutive samples with a time difference of at least 24h, after the acute illness is over.

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Signature of athlete

.....

Date (dd-mm-yyyy)



| BASIC INFORMATION ON DATA PROTECTION |   |
|--------------------------------------|---|
| CONTROLLER                           | WORLD KARATE FEDERATION / NIF: G88288279 / Avenida Filipinas 50, esc. 2, 1º A / dpo@wkf.net / 915359632   |
|                                      | <b>DPO</b> GRUPO ADAPTALIA – LEGAL FORMATIVO S.L., dpo@wkf.net  |
| PURPOSE                              | <ul style="list-style-type: none"><li>- To evaluate the symptomatology related to Coronavirus, in order to contain its spread and prevent potential infections in the corresponding event.</li><li>- Check that the athlete has taken the test and has not tested positive in COVID-19, in order to participate in the corresponding event.</li></ul>   |
| LEGITIMATION                         | The processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health (Art. 9.2.i RGPD).   |
| RIGHTS                               | Access, rectification, deletion and portability of your data, limitation and opposition to their processing, as well as not to be subject to decisions based solely on the automated processing of your data, where appropriate.<br>If you consider that your data are not processed correctly by WORLD KARATE FEDERATION or that the requests to exercise your rights have not been attended to in a satisfactory manner, you have the right to file a complaint with the Control Authority, being the Spanish Data Protection Agency (AEPD), the one indicated in the national territory <a href="http://www.aepd.es">www.aepd.es</a> . |
| ADDITIONAL INFORMATION               | You may request additional information regarding the processing of your data for this purpose by contacting us by e-mail at <a href="mailto:dpo@wkf.net">dpo@wkf.net</a> .  |

Following the principles of legality, loyalty and transparency, which govern the regulations on Data Protection, we offer you the present information regarding the processing of those personal data you provide when filling in the WKF HEALTH QUESTIONNAIRE.

In order to safeguard the security of your personal data and being aware that these data are included in the so-called "special categories of data" according to the Data Protection regulations, we inform you that all the necessary technical and organizational measures have been taken to guarantee the security and confidentiality of the personal data provided. All this to avoid its alteration, loss, and / or processing or unauthorized access.

Likewise, we inform you that the data collected will be maintained and processed for as long as strictly necessary for the purpose for which they were collected. The data will not be processed for purposes other than the containment and prevention of COVID-19.

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| Over 18 years old     | Name, surname and signature:                         |
| Under 18 years of age | Name, surname and signature of parents or guardians: |