BOAT:

SAIL NUMBER:

person in charge for prevention of COVID-19 infection (name, surname, phone no.):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| name and surname | phone number | Registration no. | date and time of test1) | publisher of testi2) | type of test (HAT or PCR) | test result | | date of vaccination | no. of doses (1st or 2nd) | type of vaccine |
|  |  |  |  |  |  | NEG. | POZ. |  |  |  |
|  |  |  |  |  |  | NEG. | POZ. |  |  |  |
|  |  |  |  |  |  | NEG. | POZ. |  |  |  |
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1) date and time of test with negative or positive result or date of first symptoms in case of doctor’s certificate that person has recovered from COVID-19.

2) health organization or doctor

Add lines if needed.

Signature: