

Date Form is completed (yyyy/mm/dd): _____

Participant First & Last Name: _____

Participant Date of Birth (yyyy/mm/dd): _____

DELEGATION: _____

COVID VACCINE – All Delegates

1. I certify I have received one or more doses of a COVID-19 Vaccine? Yes No

1a. If yes, are you fully or partially vaccinated with a COVID-19 vaccine? I am **fully** vaccinated* I am **partially** vaccinated

2. If **partially or fully vaccinated**, list date you received the **first** dose (yyyy/mm/dd): _____ N/A (received Johnson & Johnson or received vaccination in a country requiring one dose following COVID-19 diagnosis)

2a. Please select the COVID-19 vaccine you received, for your first dose:

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> AstraZeneca/Oxford | <input type="checkbox"/> Sinopharm |
| <input type="checkbox"/> Serum Institute of India (Covishield) | <input type="checkbox"/> Sinovac/Coronavac |
| <input type="checkbox"/> Johnson and Johnson/Janssen | <input type="checkbox"/> Gam-Covid-Vak" (trademark "Sputnik V")** |
| <input type="checkbox"/> Moderna | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pfizer/BionTech (BNT162b2/COMIRNATY Tozinameran) | |

3. If **fully vaccinated**, list date you received the **final** dose (yyyy/mm/dd): _____ N/A (only partially vaccinated)

3a. Please select the COVID-19 vaccine you received, for your final dose:

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> AstraZeneca/Oxford | <input type="checkbox"/> Sinopharm |
| <input type="checkbox"/> Serum Institute of India (Covishield) | <input type="checkbox"/> Sinovac/Coronavac |
| <input type="checkbox"/> Johnson and Johnson/Janssen | <input type="checkbox"/> Gam-Covid-Vak" (trademark "Sputnik V")** |
| <input type="checkbox"/> Moderna | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pfizer/BionTech (BNT162b2/COMIRNATY Tozinameran) | |

4. Have you received a **booster** dose of the vaccine? Yes No If yes, when (yyyy/mm/dd): _____

5. If vaccinated, in what country did you receive the vaccine: _____

6. Please submit a copy of your vaccine ID/record (PDF, JPEG, PNG, DOC) used in your country showing you have received all doses of the COVID-19 vaccine. It should state your name, date of dose(s), and type of vaccine(s).
NOTE: If you only have an electronic copy, please take a clear screenshot/photo of the record. If you have a paper version, please submit a scanned copy or clear photo.

COVID DIAGNOSIS – Athletes and Unified Partners Only

7. Have you had COVID-19 (tested positive or diagnosed with COVID-19)? No Yes

7a. If yes, when (list month and year)? Month: _____ Year: _____

7b. If yes, did you have symptoms? No or Mild Symptoms Moderate Symptoms to Severe (e.g. Admitted to the Hospital)

7c. If yes, did a doctor examine you and approve your participation in sports after your diagnosis? No Yes

NOTE: Individuals with moderate to severe symptoms and complications from COVID are at risk for long-term cardiac problems. Additional approval from a healthcare provider is necessary after recovery from COVID and prior to sports participation.

NOTE: All credentialed participants at the World Winter Games in 2022 in Kazan must be fully vaccinated in order to receive their credential and participate in the Games. Information must be entered/updated into Registration system no later than December 21, 2021.

* Fully vaccinated = received all needed doses of the vaccine. For Johnson and Johnson/Janssen or individuals who had COVID and live in a country only requiring one dose following COVID-19 diagnosis, you are fully vaccinated after the single dose.

** Sputnik V is still in process for approval with WHO, but will be accepted for World Winter Games.