

## CONSENT

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Email adress \_\_\_\_\_

Mobile phone incl. landcode \_\_\_\_\_

I hereby confirm that I am participating to Covid-19 testing as part of the event health protocol. The test operator may report the test result to Ruka Nordic health coordinator and in case of a positive result, to the local pandemic responsible.

The results shall not be delivered to any other parties.

By signing this consent, I am responsible for giving correct contact information concerning email and phone number (operational in Finnish network), to which the test result will be delivered. Previous is applicable also in case, where the recipient is other than the undersigning person.

Place: \_\_\_\_\_

Date \_\_\_\_\_

Signature: \_\_\_\_\_