



Asociación Interamericana de la Propiedad Intelectual
Inter-American Association of Intellectual Property
Associação Interamericana da Propriedade Intelectual

HEALTH AND SAFETY FORM FOR PARTICIPANTS OF THE XXI ASIFI CONGRESS, PUNTA CANA 2021

We ask that you carefully read the form below and sign the statement at the bottom of it. Please deliver it to the event's Secretariat.

A) I acknowledge that the following conditions are associated with a higher risk of health complications from COVID-19:

- Hypertension
- Obesity (BMI equal or greater than 30)
- Chronic lung diseases (including, but not limited to, severe asthma)
- Diabetes, type 1 and 2
- Cardio-vascular diseases
- Cancer or history of cancer, even if in remission
- Severe liver or kidney disease
- Pregnancy
- Conditions or treatments that may affect immunity
- Other conditions or treatments as certified on a case by case by your physician
- Age, 60 years old and above

B) I am aware that I should not attend the meeting if I or any of my immediate family members have COVID-19 or have any of the following symptoms:

- Fever
- Cough, productive or dry
- Difficulty breathing
- Throat pain
- Runny nose
- Headache
- Extreme fatigue
- Muscle pain
- Diarrhea
- Conjunctivitis
- Loss of smell or taste

If, in the event that during the course of the Congress, I present any of the symptoms mentioned above, I will leave the meetings and request medical advice and notify the organization of the event.

On the other hand, if I develop COVID-19 symptoms up to 48 hours after having attended the meeting, I will inform the organization, so that it can track the contacts of other participants, always confidentially.

Organization contact: eventos@asifi.org



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I have read and taken note of the above. If I have any questions regarding this matter, I will contact my doctor.

Signature:

Print Name:

Mobile phone:

Date: