Full Name:

Student’s ID:

**Declaration**

I declare that I am not showing signs of an acute illness, that neither the regional public health office nor the general health care doctor has ordered a quarantine measure (quarantine, increased health surveillance or medical supervision).

I am not aware that I or the people I live with in the same household have come into direct contact with people who have suffered from COID-19 during the last month.

I am aware of the legal consequences in case of a false statement, in particular I am aware that I would have committed an offense under §56 of Act no. 355/2007 Coll. on the protection, promotion and development of public health and on the amendment of certain laws.

In Bratislava, date: Signature:

Full Name:

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