

**AFFIDAVIT OF HEALTH**

**Name and**

**surname:**.....

**Permanent**

**residence:**.....

**Student dormitory:** ..... **Number of room:** .....

**Phone number:** .....

**I declare on my honor,**

1. that no symptoms of viral infection do not manifest to me and in last 14 days did not manifest to me ( e.g. fever, cough, difficulty breathing, muscles pain, headache, fatigue, malaise, sudden loss of appetite and/or smell , etc.),

2. that I am not aware that I came into contact with the person to which disease COVID-19 has been confirmed or the disease COVID is suspected in last 14 days ,

3. that I stayed in the territory of the SR during last 14 days,

4. that I have not a duty and I did not have a duty to remain in domestic isolation (quarantine) during last 14 days,

5. and I confirm, that have got familiar with a duty

a) to use and to wear **respirator category FFP2, KN95 or N95 to cover the upper respiratory tract** throughout my presence in student dormitory (except my room) in order to reduce spread of virulent particles to the environment, resp. to cover upper respiratory tract **in terms of currently valid decrees of the Public Health Authority of the SR,**

b) to respect and to bear fully temporary restrictions determined by the student dormitory, to follow instructions of employees of the student dormitory, possibly decisions and guidance of the Public Health Authority of the SR, or other public authorities in order to protect public health.

I note that consultations in terms of applicable legislation can be drawn against me.

In ..... on .....

.....

Signature