

SOLEMN DECLARATION

Name and Surname:.....
Student Dormitory:.....Room number:
Date of birth: Permanent residence.....
.....Telephone contact:

(fill the name and surname, room number at SD STU, date of birth, permanent residence and telephone number)

I declare on my honor,

- 1. that I have no symptoms of COVID-19 (for example fever, cough, difficulty breathing, muscle pain, headache, tiredness, fatigue, sudden loss of taste and/or smell etc.),**
- 2. that I have no knowledge that I have come into contact with a person who has been diagnosed with COVID-19 or is suspected of having COVID-19 in the last 14 days;**
3. that in the last 14 days, I have not stayed and visited the country, which is not on the list of the safe countries according to the Public Health Authority of the Slovak Republic,
4. that in the last 14 days, I have not attended any mass events (more than 100 people) or events with the international attendance,
5. that I have had no obligation to stay in home isolation (quarantine) for the past 14 days,
6. and I certify that I have become acquainted with the duty
 - a) to use my own protective mask to cover the upper respiratory tract to ensure the protection and safety of myself and others and the consequent obligation to wear a mask to cover the upper respiratory tract the whole time of my presence in the accommodation to reduce the spread of virulent particles to the environment,
 - b) to respect and fully bear the temporary restrictions set by the accommodation facility, to follow the instructions of the staff of the accommodation facility, or the decisions and guidelines of the ÚVZ SR or other public authorities in the interest of public health protection.

I acknowledge that, in accordance with applicable legislation, consequences can be drawn against me.

In date:

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Signature