

SOLEMN DECLARATION

Name and Surname:

Permanent residence.....

Hostel Room number:

Telephone contact:

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

I declare on my honor,

1. that **I have no clinical signs** of Covid-19 disease (elevated body temperature above 37 ° C, cough, night sweats, fatigue, sore throat, headache, shortness of breath, loss of taste or smell, intestinal and digestive problems and congested nose problems),
2. that **I have not been** ordered to **quarantine** at home, in accordance with the measure of the Public Health Authority of the Slovak Republic,
3. that **I am unaware** that I have come into contact with the person in whom the disease COVID-19 was confirmed or is suspected of having COVID-19 in the last 5 days;
4. and I certify that I have become acquainted with the duty
 - a) **use and wear** throughout my presence in the accommodation facility (except the room) in order to reduce the spread of virulent particles to the environment, to cover the upper respiratory tract exclusively **respirator** category - FFP2, KN95 or N95, respectively. overlap of the upper respiratory tract in accordance with the currently valid regulations of the PHA SR,
 - b) to fully **respect and 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 PHA 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 Bratislave, date:

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Signature