

## Declaration of the absence of symptoms of viral infectious disease

*Declaration must be completed on the day of the start of classes*

I declare

as a student of the Faculty of Medicine, UO: .....

born: .....

permanent residence: .....

that I do not show any symptoms of the viral infectious disease in the last two weeks (for example fever, cough, shortness of breath, sudden loss of taste and smell).

I do not know that I would come into contact with a person with an infectious disease or a person suspected of having an infection in the last 14 calendar days before the start of classes on ..... I have not been ordered to take quarantine measures in connection with COVID-19 coronavirus disease, I have not been abroad for the last 14 days nor my closest relatives (with the exception of Slovakia).

I am aware of the legal consequences that would affect me if this statement were not true.

In Ostrava, date: .....

.....

Signature

.....

Phone number