SOLEMN DECLARATION

		Undersign	ed		
Name and surname:					
Da	te of birth:				
Per	manent address:				
Ye	ar of study:				
Study programme:					
Telephone number:					
AIS	S ID:				
Co	untry of arrival:				
		I hereby solemnly (declare that		
		i hereby soleminy (declare that		
	. in the last 14 days, I have not shown any symptoms of a viral infectious disease (e.g. fever, cough, difficulty breathing, muscle pain, headache, tiredness, malaise, sudden loss of taste and/or smell, etc.),				
	. in the last 14 days, I am unaware that I have come in contact with a person who has been diagnosed with COVID-19 or is suspected of having COVID-19,				
3.	in the last 14 days, I have not attended a mass events with more than 100 people or events with international participation (cross out the inappropriate):				
	No, I have not attended		Yes, I have attended*		
	the same househole		nonitor my health, the health of people living in a whom I am in frequent contact, and in case of ed manner		
4. in the last 14 days, I have not visited or arrived from a country which, in accordance the currently valid measure of the Public Health Care Authority of the Slovak Remarked as high risk country (cross out the inappropriate):					
	No, I have not	visited/arrived from	Yes, I have visited/arrived from		
	I have no obligation and for the last 2 months, I have not had an obligation to remain in quarantine (cross out the inappropriate):				
	No,	I have not	Yes, I have		
		·			

If I have answered yes in any of par. 4 and 5, I am obliged to submit a negative result of the PCR test for COVID-19, which was performed in the Slovak Republic in accordance with the valid measures of the Public Health Care Authority of the Slovak Republic, or I am obliged to submit a decision of the Public Health Care Authority of the Slovak Republic on the termination of quarantine.

At the same time, I declare that I have not visited a high risk country repeatedly since the d	late
of receiving the negative result of the PCR test for COVID-19 disease.	

Furthermore, I solemnly declare that in order to maintain public health in the coming period I will behave responsibly, refrain from risky activities, limit travel as much as possible (also within the Slovak Republic) and I will follow the instructions of the University of Veterinary Medicine and Pharmacy in Košice published on its website and/or at it premises, under which the university operates.

I am aware of the legal consequences if this statement is not true.				
In on				
	Signature			