**SOLEMN DECLARATION**

Undersigned

|  |  |
| --- | --- |
| Name and surname: |  |
| Date of birth: |  |
| Permanent address: |  |
|  |  |
| Year of study: |  |
| Study programme: |  |
| Telephone number: |  |
| AIS ID: |  |
| Country of arrival: |  |

**I hereby solemnly declare that**

1. 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.),
2. 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\* |

\* if I have attended the event, I am obliged to monitor my health, the health of people living in the same household and other close people with whom I am in frequent contact, and in case of symptoms, I am obliged to proceed in a specified manner

1. in the last 14 days, I have not visited or arrived from a country which, in accordance with the currently valid measure of the Public Health Care Authority of the Slovak Republic, is marked as high risk country (cross out the inappropriate):

|  |  |
| --- | --- |
| No, I have not visited/arrived from | Yes, I have visited/arrived from |

1. 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 date 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