**STATUTORY DECLARATION**

**OF NON-EXISTENCE OF SYMPTOMS OF INFECTIOUS VIRAL DISEASE**

I, …..................................................................................................................................................

(first name, surname)

date of birth: ...................................................................................................................................

permanent residence: .....................................................................................................................

thereby declare that in the past two weeks:

* I have not exhibited any symptoms of infectious viral disease (e.g. fever, cough, breathlessness, sudden loss of the sense of taste and/or smell, etc.;
* I have not been diagnosed as COVID-19 positive;
* I have not been quarantined due to diagnosed COVID-19 disease / contact with a COVID-19 positive person;
* to my knowledge, I have not been in risk contact with a COVID-19 positive person.

**I am fully aware of the legal consequences if this declaration may not be true.**

In .......................................

On ................................

 ………………………………………

 signature