Declaration on honor of vaccination - SPECIMEN

Me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and surname)

born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of birth),

personal identification number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

apartment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address of permanent residence)

I hereby declare on my honor

that I have issued a certificate from the Ministry of Health of the Czech Republic for vaccination against COVID-19 and at least 14 days have passed since the second dose of vaccine in the case of a two-dose schedule according to the SPC, or since the first dose of vaccine in the case of a single dose at least 14 days have passed and I do not show any signs of COVID-19.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place of writing) on. . 2021 (current date)

Handwritten signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_