

**DECLARATION OF HONOUR**  
**on non-existence of symptoms of infectious viral disease**

I .....

.....

(fill in your name, surname, date of birth, permanent residence and telephone number)

**honestly declare**

1. that for the past two weeks I have not shown any symptoms of an infectious viral disease (e. g. fever, cough, heavy breathing, muscle pain, headache, exhaustion, dizziness, sudden loss of taste or/and smell, etc.),
2. I am not aware that for the past 14 days I was in contact with a person tested positive for coronavirus or who was suspected to have coronavirus and
3. I am not under the obligation to stay in home quarantine.

I am aware of legal consequences of a false declaration of honour.

In (place)..... on the (date).....

.....  
signature

Confirmation of receipt: