Annex 2



**SELF-DECLARATION FORM**

I, the undersigned ………………………………………born on ……………….……………..(date, place) living in permanent residence …………………………………………………………………………..……………….(full address) …………………………., telephone number …………………………………………………………

**I declare**

1. that I do not show any symptoms of a viral infectious disease in the last 14 days (e.g. fever, cough, difficulty breathing, muscle pain, headache, tiredness, malaise, sudden loss of taste and / or smell, etc.),

2. I am unaware that I have come in contact in the last 14 days with a person who has been diagnosed with COVID-19 or is suspected of having COVID-19,

3. that in the last 14 days I have not attended mass events with more than 100 people or events with international participation,

Furthermore, I honestly 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 (even within Slovak Republic) and follow the operating instructions of the university and its components published on their websites and / or their premises. I am aware of the legal consequences if this statement is not true.

Place and date …………………………………

............................................

signature