Statutory Declaration

I, the undersigned,
Name:
Surname:
Personal ID: (ID number (see Usermap or Student Card))

hereby declare that as of (Fill in date as of which Statutory Declaration is valid)

☐ I have a negative POC antigen or RT-PCR test result for detecting the presence of the SARS-CoV-2 virus no older than 3 days,
☐ I have been infected with COVID-19 disease in the last 90 days and, at the same time, my isolation period pursuant to the emergency measure of the Ministry of Health in force has ended and I do not show any symptoms of COVID-19 disease,
☐ I have been vaccinated more than 14 days ago (have received the second COVID vaccine dose in the case of a two-dose vaccination schedule).

Signature: