

AFFIDAVIT

.....
(name, surname)

Date of birth:

Address:

I declare that in the last two weeks:

- I have not experienced symptoms of a viral infectious disease (e.g. fever, cough, shortness of breath, sudden loss of taste and smell, etc.),
- I wasn't diagnosed as COVID-19 positive,
- I was not placed under quarantine due to diagnosed COVID-19 disease/ contact with COVID-19 positive person,
- I did not have risky contact (knowingly) with a COVID-19 positive person.

I am aware of the legal consequences if this statement is false.

Prague

Date

.....
signature