**AFFIRMATION OF NON-EXISTENCE OF SYMPTOMS OF VIRAL INFECTION**

I, ……………………………………………………………………………………………………………..

 (name and surname)

Date of birth: ………………………………………………………………………………………

Permanently residing: …………………………………………………………………………………………..

hereby affirm that no symptoms of viral infection has manifested on me during the last two weeks (e.g. fever, cough, dyspnea, sudden loss of taste and smell, etc.).

 **I am aware of legal consequences in case this affirmation is not truthful.**

In ………………………………………………..

On (date)…………………………………………….

 ……………………………………………………………………………………..

 Signature