**THE AFFIRMED STATEMENT OF NON-EXISTENCE OF SYMPTOMS OF VIRAL INFECTIOUS DISEASE**

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

(name, surname)

Date of birth: ........................................................................................................................................

Permanent residence: …........................................................................................................................

hereby declare that I have not had any symptoms of viral infectious disease (e.g. fever, cough, dyspnoea, sudden loss of smell or taste, etc.) in the past two weeks and that I am not enforced quarantine provisions.

**I am aware of the legal consequences in case this affirmed statement is not truthful.**

In .......................................

On ................................

 ………………………………………

 Signature