

**Self-declaration document regarding health assessment**

Surname: _____

Name: _____

Study program: _____

Year of study: _____

Group: _____

I declare on my own accountability, knowing the provisions of Article 326 of the Penal Code on false statements, that:

1. Have you lived / visited areas or countries in the last month where people were affected from the new coronavirus infection?

YES NO

2. Have you come into direct contact with people who, in the last month, have lived / visited areas / countries where people were affected by the new coronavirus infection?

YES NO

3. Have you come into direct contact with people who have been confirmed with the new coronavirus infection (SARS-CoV-2) in the last 30 days?

YES NO

4. Have you been hospitalized in the last 30 days?

YES NO

If yes, please mention the hospital / clinic: _____

5. Have you had one or more of the following symptoms in the last 30 days?

- Fever YES NO

- Headaches YES NO

- Breathing difficulties YES NO

- Swallowing difficulties YES NO

- Intense cough YES NO

- Fatigue installed without explanation YES NU

I hereby give my consent, in accordance with Regulation (EU) 679/2016 of the European Parliament and the Council of 27.04.2016, on the protection of data of individuals with regard to the processing of personal data and its free movement.

Date of completion: _____

Signature: _____