Príloha č.4 - Čestné vyhlásenie študenta KU o zdravotnom stave a cestovaní do zahraničia (A)

**Health declaration**

I, Kliknite alebo ťuknite sem a zadajte text.

(Name and Surname, Date of birth, Address and Phone No.)

hereby confirm that I have not:

a) experienced any symptoms commonly associated with the Coronavirus (Fever, cough, fever difficulty breathing, muscle pain, headache, tiredness,sudden loss of taste and / or smell, etc.) during last 14 days;

b) been during last 14 days in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

c) been during last 14 days in any location currently designated as hazardous (by Public Health Office of Slovak republic);

d) participated during last 14 days at any mass actitivy (more than 100 people, with foreign participants);

e) obligation and I have not had (did not have) to remain in domestic isolation (quarantine) for the last 14 days.

Furthermore, I declare on my honor that in order to maintain public health in the coming period I will behave responsibly, refrain from risky activities, limit travel as much as possible (even within the Slovak Republic) and follow the operating instructions of the university and its components published on their websites and/or their areas.

I am aware of the legal consequences if this statement is not true.

In signing below, I freely agree to the terms of this Declaration, and in doing so represent the truthfulness and veracity of the above answers.

In Kliknite alebo ťuknite sem a zadajte text. Date Kliknite alebo ťuknite sem a zadajte text.

Signature ...........................................................