**STATUTORY DECLARATION**

in connection with entering the University

 I, the undersigned

name and a surname: ……………………………………………………………………………..

born on: ……………………………………………………………………………..

company: ……………………………………………………………………………..

reason for entering the University: ……………………………………………………………………………..

visited workplace: ……………………………………………………………………………..

I declare that:

* I do not know that I have an active COVID-19 disease or other transmissible disease,
* I do not know I have been in contact with a person suffering from the aforementioned disease and therefore, I have not been subject to quarantine,
* in the last three weeks I have not suffered and I do not suffer from a deterioration of my health in terms of coughing, breathing difficulties or elevated temperature, feeling of general weakness or pain of muscle groups and more joints.

I know that by concealing the above facts I can seriously endanger the health and even the lives of other people.

I declare honestly that I have completed the questionnaire correctly and have not intentionally withheld any information I know. I am aware that by providing false information, I am exposed to the danger in the form of criminal prosecution for the spread of transmissible human disease according to § 152 - 153 of Act. No. 40/2009 Coll., Criminal Code.

In Ostrava on …………………………………………

signature …………………………………………