Annex No. 1

**DECLARATION OF HONOUR**

**ON THE ABSENCE OF SYMPTOMS OF VIRAL INFECTIOUS DISEASE**

I …........................................................................................................................................

(name, surname)

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

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

declare that I do not show and have not shown any signs of viral infectious disease (e.g. a fever, cough, shortness of breath, sudden loss of taste and smell, etc.) in the last two weeks. I undertake to report this fact immediately in the event of a change in my situation.

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**I am aware of the legal consequences should not this statement be true.**

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

Dated ................................

 ………………………………………

 signature