**AN AFFIRMATION**

OF THE NON-EXISTENCE OF THE SYMPTOMS OF AN INFECTIOUS VIRAL DISEASE

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| **Name and surname (*of the child/pupil/student/participant in education)***    **date of birth:**  **permanent residence:** |

I hereby declare that the aforementioned child/pupil/student/participant in education is not displaying any symptoms of an infectious viral disease (*for example, a fever, cough, shortness of breath, a sudden loss of appetite and smell etc.)* and that this has also been the case for the last two weeks.

In ………………………………………..

Dated ………………………………….

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| --- |
| …………………………………………………………………..  The signature of the pupil/student/participant in education who is of age  or  the signature of the minor’s legal guardian |