

# AN AFFIRMATION

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

**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 .....

.....  
The signature of the pupil/student/participant  
in education who is of age  
or  
the signature of the minor's legal guardian