

## STATUTORY DECLARATION

I, .....  
(first name, surname)

date of birth: .....

permanent residence: .....

hereby declare that:

- I have not exhibited any symptoms of the viral infection COVID-19 (e.g., fever, cough, shortness of breath, sudden loss of taste and smell, etc.) during the past two weeks,
- I have not been diagnosed with COVID-19,
- I have not been ordered a quarantine as a result of being diagnosed with COVID-19 or being in contact with a person diagnosed with COVID-19,
- I have not been in contact with a COVID-19 positive person during the past two weeks (as far as I know)

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

in .....

on .....

.....  
signature