AFFIRMATION OF NON-EXISTENCE VIRAL SYMPTOMS (COVID-19) FOR VISITORS OF THE SFA CTU IN PRAGUE DORMITORIES

First name .................................................................
Surname .................................................................
Date of Birth ........................................ Nationality .................................................................

To enter the accommodation facility SFA CTU in Prague I prove myself (indicate the variant):

☐ confirmation of vaccination against COVID-19 at least 14 days after the last dose (national certificate according to EU or digital certificate EU COVID)
☐ laboratory confirmation of COVID-19 disease not older than 180 days
☐ laboratory confirmation of a negative RT-PCR test results not older than 72 hours

I declare that I have not shown any symptoms of a viral infectious disease in the last two weeks (e.g. fever, cough, shortness of breath, sudden loss of taste and smell, etc.), I have not been diagnosed with COVID-19 positive, I have not been quarantined due to contact with a COVID-19 positive person and I have not knowingly met a COVID-19 positive person in the last two weeks.

This affirmation does not apply to children under the age of 12.

In Prague, date ..................

Signature ........................................................................................................................................
Signature of an authorized employee who checked the submitted documents