

AFFIRMATION

**THAT I HAVE SHOWN NO SIGNS OF A VIRAL INFECTION, AND THAT
I AM NOT SUBJECT TO QUARANTINE MEASURES**

Surname and first name:

Date of Birth:

Permanent address:

I declare that I do not show any symptoms of viral infectious disease in the last ten days and I am without acute health problems corresponding to viral infectious disease (eg. fever, cough, shortness of breath, sudden loss of taste and smell, etc.)

and I declare that I am not aware of the positivity for S-ARS CoV-2 (COVID-19) and I do not have quarantine measures ordered in this moment.

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

I acknowledge that the provider processes the personal data provided by me voluntarily contained in this affirmation in accordance with the General European Regulation No. 2016/679 (GDPR) and Act No. 101/2000 Coll., On the protection of personal data, and it is only in connection with and for the purpose of providing accommodation to the extent necessary and in connection with ensuring the protection of evening health. Data are processed only for the duration of the accommodation, but for a maximum of 60 days from the date of signing this affirmation.

In Prague date
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Signature