**DECLARATION OF HONOUR
ON ABSENCE OF SYMPTOMS OF A VIRAL INFECTIOUS DISEASE**

I, the undersigned, …............................................................................................................................

(First name, surname)

Date of birth: ........................................................................................................................................

Permanent place of residence: …..........................................................................................................

hereby declare that I do not display symptoms of a viral infectious disease, and that I experienced no such symptoms (e.g. fever, cough, shortness of breath, sudden loss of taste and sense of smell, etc.) during the last two weeks.

**I am aware of the legal consequences that may arise if this statement is not true.**

In ..................................

Date: .............................

…………….…………………………………

Signature

**RECORD OF PERSENCE AT THE WORKPLACE**

Name of student (personal number): ………………………………………………………………………………..

Purpose of stay in the building[[1]](#footnote-2): □ Consultation

 □ Examination

 □ Laboratory measurement for the theses

 □ Consultation of the disseration

 □ Examination in Ph.D. study

 □ Laboratory measurement for the dissertation

 □ other: …………………………………………………………………………………

Room No.: ............................................................................................................................................

Persons met by the student: …………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………………

Name of supervising teacher: …………………………………………………………………………………………………………

Date: .............................

…………….…………………………………

Signature of teacher

1. Choose one option [↑](#footnote-ref-2)