

**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

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**RECORD OF PERSENCE AT THE WORKPLACE**

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

- Purpose of stay in the building<sup>1</sup>:
- 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: .....

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Signature of teacher

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<sup>1</sup> Choose one option