

**AFFIDAVIT**  
**ON THE NON-EXISTENCE OF SYMPTOMS OF A VIRAL INFECTIOUS DISEASE**

I .....  
(name and surname)

birthdate: .....

permanent residence: .....

student of a faculty (please circle):

- Faculty of Finance and Accounting
- Faculty of International Relations
- Faculty of Business Administration
- Faculty of Informatics and Statistics
- Faculty of Economics
- Faculty of Management JH
- Exchange student

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 further declare that I am not currently ordered a quarantine measure.

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

In .....

On .....

.....

signature