**STATUTORY DECLARATION**

I, …........................................................................................................................................................

(first name, surname)

date of birth: ...................................................................................................................................

permanent residence: …..................................................................................................................

hereby declare that:

* I have not exhibited any symptoms of the viral infection COVID-19 (e.g., fever, cough, shortness of breath, sudden loss of taste and smell, etc.) during the past two weeks,
* I have not been diagnosed with COVID-19,
* I have not been ordered a quarantine as a result of being diagnosed with COVID-19 or being in contact with a person diagnosed with COVID-19,
* I have not been in contact with a COVID-19 positive person during the past two weeks (as far as I know)

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

I provide this statutory declaration to the Faculty of Social Sciences, Charles University, in compliance with an extraordinary measure of the Ministry of Health of 20 April 2020 issued in connection with the development of the epidemiological situation in the outbreak of COVID-19 disease caused by a novel coronavirus referred to as SARS-CoV-2 in Europe. I am aware that my aforementioned personal data will be used by the Faculty of Social Sciences, Charles University, to fulfil the obligations imposed on it for the protection of public health, and I hereby consent to their processing for this purpose. I further confirm that I have been informed that this declaration will be stored in my personal file at the Student Services Office of FSV UK.

in .......................................

on ................................

 ………………………………………

 signature