

**Affidavit (solemn declaration)
on non – quarantine and
about the absence of symptoms of viral infectious disease**

I (name and surname) _____,

ISIC number _____,

declare that:

1. I am not currently ordered quarantine measures,
2. I do not show any symptoms of viral infectious disease (e.g. fever, cough, shortness of breath, sudden loss of taste and smell, etc.) in the last two weeks.

I provide this solemn declaration for the period of participation in the subject Biological and Geological Field Practice accredited at the Department of Biology, Faculty of Education, Masaryk University.

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

On (date) _____

Signature