

**AFFIDAVIT CONFIRMING THE
NONEXISTENCE OF SYMPTOMS OF VIRAL INFECTION**

I
(first name, last name)

Date of birth:
.....

Study programme/field: Study year:
.....

ISIC number:
.....

hereby declare that

- 1) I am not showing or I have not shown any symptoms of viral infectious disease in the last two weeks (e.g. fever, cough, breathlessness, sudden loss of taste and smell, etc.);
- 2) I have not been positive diagnosed with COVID-19;
- 3) I have not been ordered into quarantine due to a diagnosed COVID-19 disease/contact with a COVID-19 positive person;
- 4) I have not (consciously) met a COVID-19 positive person in the last two weeks;
- 5) if I was engaged in specimen collection centres or providing medical services to COVID-19 positive persons, I followed all precautions as provided for by the law and hygiene regulations and used all prescribed means and personal protective equipment (FFP2/FFP3 respirator, face shield, gown, goggles).

In the event the conditions specified in 1) – 5) herein change during the academic year, I hereby pledge to inform the Study Department without undue delay and contact relevant public protection authority as well as my general practitioner.

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

In.....

On the day.....

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Signature