Confidentiality Declaration

I am aware of the fact that I have a duty of confidentiality regarding all facts, including personal data and patients data, which I learn in connection with distance learning at the 2nd Faculty of Medicine, Charles University, and I pledge not to download, save, edit or distribute any of the materials used within distance learning.

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

In	
Study field:	
ISIC (personal number):	
iole (personal namber).	
Name and surname:	
Signature:	