

# Declaration of Honour

## Concerning Health Status

I .....  
(Name, Surname)

Date of birth.....

Permanent address .....

hereby declare that I have had any signs of a viral infectious disease (e. g. fever, cough, shortness of breath, sudden loss of taste and smell, etc.) in the last two weeks.

**I am aware of the legal consequences should the declaration above be untrue.**

In .....

Date .....

.....  
Signature