**SOLEMN DECLARATION**

in connection with the entrance to the VSB-TUO building

I, the undersigned (name and surname) ………………………………………………………

student’s personal number: .……………………………

declare that I am entering the VSB-TUO building due to the holding of the Final State Exam.

Further, I declare that:

* I am not aware I am suffering from COVID-19 or another infectious disease,
* I do not know that I have come into the contact with a person suffering from the disease mentioned above or another infectious disease and have not been quarantined for that reason,
* In the last three weeks and on the day of signing this statutory declaration, I have not suffered any deterioration in terms of cough, difficulty breathing or fever, feelings of general weakness or pain in muscle groups or joints.

and I further declare that I meet at least one of the following conditions and I have substantiated it with the relevant confirmation:

* I have a confirmation of a negative result of the test for the presence of SARS-CoV-2 virus (RT-PCR test) not older than 7 days,
* I have a confirmation of a negative result of the test for the presence of SARS-CoV-2 virus antigen (POC test = antigen test) by a ministry-approved type of test not older than 72 hours [at any test center, at work (SMS or E-mail also applies)],
* I have a certificate from the Ministry of Health of the Czech Republic or a confirmation from the vaccination center that the COVID-19 vaccination has been carried out, whereas a minimum of 22 days and a maximum of 90 days (two-dose vaccine) have elapsed since the first dose, or a minimum of 14 days and a maximum of 9 months have elapsed since the final dose of the vaccine.
* I have a confirmation about COVID-19 disease, the isolation period has expired according to the valid emergency measure of the Ministry of Health and no more than 180 days has elapsed from the first positive POC antigen test or RT-PCR test.

I am aware that giving false information can seriously endanger the health or even other persons' lives.

I declare on my honour that I have completed the questionnaire correctly and have not intentionally withheld any information I know. I am aware that by providing false information, I am exposed to criminal prosecution's danger of spreading contagious human disease according to § 152 - 153 of Act. No. 40/2009 Coll., Criminal Code.

In Ostrava, on …………………………

Signature…………………………………