



**AFFIDAVIT  
ON THE NO EXISTENCE OF SYMPTOMS OF VIRAL INFECTIOUS DISEASE**

Name and surname (child):

.....

birthdate: .....

.....

permanent residence: .....

.....

I declare that my child does not show and in the last two weeks did not show symptoms of a viral infectious disease (eg fever, cough, shortness of breath, sudden loss of taste and smell, etc.).

I declare on my honor that my son / daughter performed an antigen test for SARS-COV-2 by self-testing with the result:

Place, date and time of the self-test:

At day/place .....

.....

Signature