

# STATUTORY DECLARATION

ABOUT ABSENCE OF INFECTIOUS VIRAL DISEASE

<p><b>Name and Surname (of a child/ pupil/ student / participant in education)</b></p> <p>.....</p> <p><b>Date of Birth:</b> .....</p> <p><b>Permanent Address:</b> .....</p>
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1. I declare that above mentioned child/ pupil/ student / education participant does not show and has not showed in last two weeks symptoms of an infectious viral disease (fever, cough, shortness of breath, sudden loss of senses - taste and smell.
2. I declare that I was familiarized with delamination of persons with risk factors and recommendation to consider these risk factors while making decision about participating in educational activities.

In.....

On.....

.....  
Signature of the major pupil/ student / education participant

or

Signature of child's legal guardian

## Persons with risks factors:

### Ministry of Health determined following risks factors:

1. Age above 65 with affiliated chronical disease.
2. Chronical lung disease (including severe asthma with long term systematic pharmacological treatment).
3. Heart disease and / or vascular disease with long term systematic pharmacological treatment e.g. hypertension.
4. Immunity system malfunction e.g. a) steroids treatment, HIV..., b) cancer treatment, c) after transplantation.
5. Obesity (BMI above 40kg/m2).
6. Diabetes mellitus with pharmacological treatment.
7. Chronical kidney disease with dialysis.
8. Liver disease (both primary and secondary).

A person belonging into the risk group fulfils at least one of the above-mentioned points or lives with such a person in a household.