

# SWORN STATEMENT

## ON ABSENCE OF SYMPTOMS OF CONTAGIOUS VIRAL DISEASE

Name and surname (of child/pupil/student/participant in educational activity):

.....

Date of birth: .....

Permanent address: .....

1. I hereby declare that the above child/pupil/student/participant in educational activity is not showing and over the past two weeks has not shown any symptoms of a contagious viral disease (*for example fever, cough, shortness of breath, loss of the senses of smell and taste*).

2. I hereby declare that I am aware of the specification of the high-risk person categories and the recommendation to consider these factors when making a decision to take part in educational activities.

In .....

Date .....

Signature of a student aged 18 and over, or legal guardian: .....

### HIGH-RISK CATEGORY PERSONS:

The following are the risk factors as specified by the Ministry of Health:

1. Age over 65 accompanied by underlying chronic diseases.
2. Chronic lung disease (*including moderate and severe asthma*) accompanied by long-term systematic medicated treatment.
3. Heart or venal disease on a long-term medicated treatment, e.g. hypertension
4. Immunocompromised, e.g.
  - a. On immunosuppression (*steroids, HIV treatment*)
  - b. Cancer treatment
  - c. After an organ or bone marrow transplant
5. Severe obesity (*BMI over 40kg/m<sup>2</sup>*)
6. On diabetes medication
7. Chronic kidney disease where temporary or permanent dialysis is needed
8. Liver disease (*primary or secondary*)

A high-risk person is one for whom one of the above points is applicable, or who shares a household with such a person.