

Statement of a resident of ŠDL upon the withdrawal of measures to stop the spread of COVID-19

I declare that _____ (name and surname of the resident),

_____ (dormitory and room), _____ (contract number):

1. In the last 14 days I have not had any of the following symptoms/signs: fever, cough, headache, malaise, sore throat, shortness of breath (feeling short of breath), diarrhoea and that I was healthy during that period.
2. I have not been in contact with a person showing the above-mentioned symptoms/signs in the last 14 days.
3. If I experience the above-mentioned symptoms/signs or there is a person, who lives with me in the same household (usually a family member) and has confirmed SARS-CoV-2 infection, I will stay home.

Place and date: _____

Signature: _____

If you have the above-mentioned signs/symptoms or SARS-CoV-2 infection is confirmed in a person living with you in the same household (most often a family member), stay home and limit contact with other people. If you become ill, call your chosen or on-duty physician for further instructions. In the event of confirmed infection in the family or other close contact with an infected person, you will receive further instructions from the epidemiological service.

Detailed instruction and more information on infection prevention are available on the NIJZ website.