Attachment No. 4

**Declaration on health and quarantine**

Wrocław, on the ……………….

Name and surname of the student:

………………………………………………………

Student ID: .....................................

Field of study: ……………………………

First-cycle studies

Second-cycle studies

**Declaration**

According to the recommendation of the Chief Sanitary Inspector, considering security of students and employees of the University of Wrocław, I declare that:

1. I have not been abroad within the last two weeks.
2. I have not contacted anyone who was abroad within the last two weeks.
3. I am not covered by epidemiological supervision and no members of my household is quarantined.
4. I currently have no symptoms of any infection (fever, cough, runny nose, rash, muscle pain, sore throat, other unusual symptoms).
5. Within the last two weeks, none of the above symptoms of an infection occurred in anyone in my household.

……………………………………………………………

Student's signature

………………………………………………………

Signature of the person receiving the declaration