

# AFFIDAVIT

ON NO EXISTENCE OF SYMPTOMS OF VIRAL INFECTIOUS DISEASE

**Name and surname (child / pupil / student / participant)**

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**Date of Birth:** .....

**Permanent residence:** .....

.....

1. I declare that the above-mentioned child / pupil / student / participant have not shown signs of viral infectious disease in the last two weeks (e.g. fever, cough, dyspnoea, sudden loss of taste and smell, etc.).

2. I declare that I have been acquainted with the definition of persons with risk factors and with the recommendation that I consider these risk factors when deciding to participate in educational activities.

In .....

Date.....

.....

Signature of the adult pupil / student / participant

or

Signature of the minor's legal representative

## People with risk factors

The Ministry of Health has identified the following risk factors:

1. Age over 65 years with associated chronic diseases.
2. Chronic lung disease (includes moderate and serious bronchial asthma)

with long-term systemic pharmacological treatment.

3. Diseases of the heart and / or large vessels with long-term systemic pharmacological treatment (eg hypertension).
4. Disorder of the immune system, e.g.

a) in immunosuppressive treatment (steroids, HIV, etc.),

b) in anticancer treatment,

c) after transplantation of solid organs and / or bone marrow,

5. Severe obesity (BMI over 40 kg / m<sup>2</sup>).
6. Pharmacologically treated diabetes mellitus.
7. Chronic kidney disease requiring temporary or permanent support / replacement of function kidney (dialysis).
8. Liver disease (primary or secondary).

A risk group includes a person who meets at least one of the points listed above or any of the points is fulfilled by any person who lives in the same household.