

## **Solemn declaration and instructions**

I, signed below (name and surname)	
Date of birth	
Address (permanent)	
<ol> <li>I declare following:</li> <li>I do not have any signs of current suffering from COVID</li> <li>I do not have any high fever (higher temperature than 3</li> <li>I do not suffer from any acute respiratory disease, ar problems or loss of taste, smell or migraine in the last 14 problems such as fever, dry cough, muscle pain, nausea</li> <li>No quarantine has not been ordered to me, nor have I I quarantine has been ordered and has not yet ended</li> <li>I have not been in contact with a person suffering from</li> </ol>	87 °C) and I am not aware of any sudden digestive I days, followed by the development of other by, or breathing problems been in contact with any person to whom
I am aware of the legal consequences of a false declaration disease COVID-19. I declare that the information provided in this document is	, -
<ul> <li>Instructions:</li> <li>I am aware, that I may begin my stay only with:</li> <li>Negative antigen test no older than 72 hours.</li> <li>Or negative PCR test no older than 7 days.</li> <li>Or after proving that <ul> <li>a) 14 days have elapsed since the 2nd dose of EU approa 2-dose schedule</li> <li>b) 14 days have elapsed since the 1st dose of EU approa 1-dose schedule</li> </ul> </li> <li>Or no more than 180 days have elapsed since the COVI since I was positively antigen or PCR tested for the first</li> </ul>	ved vaccine has been applied in the case of D-19 disease was diagnosed to me and
I agree with repeated testing for COVID-19 disease using arduring my stay (price 201 CZK).	n antigen test at regular intervals once a week
I agree that if I develop symptoms of COVID-19 during the or located as a person who has been in contact with a person to COVID-19, I am obliged to end my stay and leave the h	on with symptoms or a person who is positive
Thank you.	
In Luhačovice, on	
Signature	heck-in day