

Affidavit

and consent to the processing of personal data within the meaning of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC on data protection) /

Undersigned (legal representative), permanent residence
.....telephone contact.....,
pupil's legal representativeborn, permanent residence
.....,

I honestly declare that I do not show signs of acute illness, that the regional public health office or the general health care doctor has not ordered a quarantine (quarantine, increased health supervision or medical supervision).
I do not know that me, as well as other people living in the same household , have come into **close contact with people suspected or ill of COVID-19 during the last 7 days.

At the same time, I declare that I (single parent - legal guardian or both legal representatives of a child / pupil living in the same household I do not have the option to work from home.

I declare *:

- a) *** for myself** that I have negative results of the RT-PCR test for COVID-19 not older than 7 days or negative results of an antigen test certified in the territory of the European Union for COVID-19 not older than 7 days, with a copy of the confirmation on the negative results of the RT-PCR test for COVID-19 or confirmation of the negative results of the antigen test certified in the territory of the European Union, we enclose for ourselves and students as an annex to this statement

Date of the Covid test

or

- b) **for myself**
that I have a valid exemption from testing for me and state the reason:
.....
.....
.....

*** Circle appropriate**

**** Close contact is checked by default for a person who has personal contact with a COVID-19 case within two meters and longer than 15 minutes, or physical contact with the COVID-19 case, or unprotected direct contact with the COVID-19 case in closed environment for more than 15 minutes, or the activity of a healthcare professional or other person providing care of the COVID-19 case without the use of recommended personal protective equipment (PPE).**

I am aware of the legal consequences in case of a false statement, in particular I am would have committed an offense under § 21 para. 1 letter f) of Act no. 372/1990 Coll. on offenses as amended.

At the same time, by signing this document, I give voluntary consent to the processing of my personal data to the relevant school and school facility, as well as to its founder and the Ministry of Education, Science, Research and Sports of the Slovak Republic to the extent specified here. equipment and health protection.

I consent to the processing of personal data for the purpose stated above for the period of fulfillment of the purpose or until the revocation of the consent. The processing of personal data is governed by EU EPAR Regulation no. 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive 95/46 / EC (General Data Protection Regulation). I have been informed of the rights which, in Chapter III

of the Rights of the data subject, govern the obligations of the operator in exercising the rights of the persons concerned set out in Articles 12 to 22.

INFORMATION FOR THE PERSONS CONCERNED on the voluntary consent to the processing of documents proving a negative test for COVID-19 disease or the submission of an exemption to the operator are aware that I contained in Annex 8 / b. Attachments:

Copy of the confirmation of the negative result of the RT-PCR test or the confirmation of the negative result of the antigen test certified in the territory of the European Union or the confirmation of the exemption.

In date

.....

Signature