**Written declaration of asymptomaticness**

*A written declaration of no symptoms is submitted in order to ensure a safe environment in schools and school facilities in order to ensure the safety and health of children and pupils according to § 152 letter. c) of Act no. 245/2008 Coll. .on education, thus maintaining full-time teaching and minimizing the risk of classroom interruptions.*

|  |  |
| --- | --- |
| Name and Surname of the child: |  |
| Date of Birth: |  |
| Address: |  |

Name and Surname of the lehal representative of the child \*: .............................................................................

\* to be filled in only in the case of a minor child / pupil

According to § 144 par.7 letter d) of Act No. 245/2008 Coll. I declare that: (mark "X")

□ **the child /pupil does not have any of the following symptoms**: excessive fatigue, headache and body aches, fever, skin rash, signs of respiratory disease (rhinitis, sore throat, loss of smell and taste, cough, difficulty breathing), signs of digestive disease tract (abdominal pain, vomiting, diarrhea),

□ neither the regional public health office nor the general health care doctor for children and adolescents has **ordered a quarantine measure,**

□ the child / pupil **has not been in close contact**1 **with a person positive for COVID-19**2 **during the last 7 days,**

□ **if the child / pupil has been travelling abroad in the last 14 days**:

and **is less than 12 years old:**

□ together with persons living in the same household after entering the territory of the Slovak Republic have fulfilled the obligations of home isolation for 14 days, or received a negative PCR test result after the 5th day of home isolation, or apply the status of fully vaccinated persons,.

and **is more than 12 years old:**

□ after entering the territory of the Slovak Republic he has fulfilled the obligation of domestic isolation for 14 days, or received a negative result of the PCR test after the 5th day of domestic isolation, or he applies the status of a fully vaccinated person3.

**I am aware that in the event of a change in health status and manifestation of the above-mentioned symptoms of the disease, the child / pupil must stay at home and cannot attend school.** I am also aware of the legal consequences in case of a false statement, in particular I am aware that I would have committed an offense under § 21 para. 1 letter f) of Act no. 372/1990 Coll. on offenses.

In Bratislava, Date .................. ................................................... Signature of the legal guardian

1close contact is normally considered for a person who has had personal contact with a COVID-19 case within two meters for more than 15 minutes, or physical contact with a COVID-19 case, or unprotected direct contact with a COVID-19 case in a closed environment for more than 15 minutes , or the activities of a first - line worker (paramedics, firefighters, police, etc.) or another person providing care for the COVID-19 case without the use of recommended personal protective equipment (PPE). A close contact is not considered to be a person who, in the sense of the definition of the currently valid ÚVZ SR decree, is not considered a close contact (by default, a person fully vaccinated or a person who has overcome COVID-19).

  2“first line” workers (paramedics, firefighters, police, etc.) only comment on the symptoms of their child / student's acute illness and on the order of quarantine.

 3 a person is considered to be a fully vaccinated person: a) at least 14 days but not more than 12 months after the second dose of COVID-19 vaccine with a two-dose schedule, b) at least 21 days but not more than 12 months after the first dose of COVID-19 vaccine. or (c) at least 14 days and not more than 12 months after the first dose of the COVID-19 vaccine, if the first dose of the COVID-19 vaccine was given within 180 days from overcoming COVID-19 disease.