

PERSONAL DECLARATION

I, the undersigned

	Name and Surname:			
	Born on:			
	ID card / passport number:			
the		liday accommodation services to protect	in force by the Ministry of Health restricting the population from further spread of disease	
		of COVID-19 and I comply with the conditiing one of the following options:	ions of Section I/5(a) of the Emergency measure,	
 Evidence that I have undergone a RT-PCR test for the presence of SARS-CoV-2 with a ne 7 days before the start of the accommodation or POC for the presence of antigen virus a negative result 72 hours before commencing the accommodation. 			ne presence of antigen virus of SARS CoV-2 with	
	☐ This personal declaration	is personal declaration and evidence that I have been vaccinated against COVID-19 and		
	 A. since the application of the second dose of vaccine in case of a two-dose schedule according to the summary of product characteristics (further just "SPC"), a time period of at least 14 days has passed B. since the application of the first dose of vaccine in the case of one-dose schedule according to SPC, a time period of at least 14 days has passed, but this time period is no longer than 9 months. 			
	by the Emergency		rmed by laboratory, my isolation period as set an 180 days from the first positive RT-PCR test attack that the street of SARS CoV-2.	
	I have no clinical symptoms of COVID-19 and I have undergone immediately prior to signing of this personal declaration and with a negative result a preventive test for the presence of antigen virus of SARS CoV-2, which is intended for set testing or approved by the Ministry of Health for the use by general public. O I was ordered a mandatory isolation or quarantine.			
	In or	·	 signature	