



SOLEMN DECLARATION COVID-19

I, the undersigned

First name and surname:

Personal No./Date of birth:

Hereby represent that

I have suffered through covid-19 as confirmed by a laboratory,

The period of my mandatory self-isolation under the applicable Special Measure of the Ministry of Health has expired,

I have no symptoms of covid-19, and

The period since my first positive RT-PCR test for the presence of SARS-CoV-2 or the POC antigen test for the presence of the SARS-CoV-2 antigen **has not exceeded 180 days.**

Date of first positive RT-PCR test

With regard to the aforesaid, **I am exempt as of this date from the duty to take a test** for the presence of SARS-CoV-2 or the POC antigen test for the presence of the SARS-CoV-2 antigen on the employer's request under the currently applicable Special Measure of the Ministry of Health.

I am aware of the legal consequences in the event that my representation is not true.

Prague,

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Signature