**Annexe no. 1**

**Statement concerning Covid-19 symptoms and observance of health care regulations**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Fill one of the two options below:*

* Neptun code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Type and number of university card or other identification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I declare that all of the below mentioned statement applies to me:**

* During the two last weeks when travelling from any foreign country to Hungary I obeyed all the virus protection regulations.
* When entering the university campus I possess a facemask, and I am aware of the rules and regulations of the mask-wearing policy on the campus
* During the last two weeks I did not give a positive Covid-19 test result.
* During the last two weeks I did not have contact with anyone who is certified Covid-19 positive.
* During the last three days my body temperature has not exceeded 37,5°C.

**I declare as follows, that maximum one applies to me from the five below mentioned statements:**

1. During the last three days I have experienced the below mentioned symptoms:

* At least three from the following: headache, feeling unwell, weakness, muscle pain
* At least three from the following: dry cough, heavy breathing, shortness of breath, hyperventilation
* loss of sense of smell or taste.

1. During the last 14 days I had contact with a person:

* who has been in authority mandated isolation due to suspected Covid-19 infection
* who has had at least two of the following symptoms concurrently: fever, cough, shortness of breath.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In the case that you cannot meet the requirements of the above stated, we suggest you to contact your general practitioner.)