

DECLARATION ON HONOR COVID – 19

THE UNDERSIGNED (LAST NAME AND FIRST NAME) _____

NATIONALITY _____ , BORN IN _____ ON _____

WITH PASSPORT/DOCUMENT N.. _____ ISSUED ON _____

DECLARES UNDER ITS OWN LIABILITY AS FOLLOWS:

- 1) Not to be affected by COVID-19 or not to be subjected to a quarantine period;
- 2) Not to be currently suffering from fever with a temperature above 37,5°C;
- 3) Not to accuse at the moment persistent cough, difficulty breathing, cold, sore throat, headache, severe weakness (tiredness), decrease or loss of smell/taste, diarrhea;
- 4) To have been in self-isolation for 7 days in my home country before departure to Belgium

In order to allow the traceability of the undersigned, here below I report my telephone/mobile number /e-mail account

TELEPHONE/MOBILE _____ e-mail _____

Date and place : _____ , _____

Legible signature of the declarant
