

AFFIDAVIT OF COVID 19 FROM 21. 11. 2021

I hereby declare.

First and last name:

Date of birth:

Room number:

PLEASE, CHOOSE 1 OF THE 2 OPTIONS.

I declare honestly I do not have symptoms of Covid-19 and I prove:

- Vaccination, a certificate that I have been vaccinated against COVID-19 by vaccine intended for this purpose and according to the Extraordinary measure recognised as medicinal product in the territory of the Czech Republic and at least 14 days has passed since the completion of the vaccination schedule.
(in the event of a single-dose scheme, 14 days since application).

OR

- I recovered from Covid-19 no longer than 180 days ago and I have a certificate evidencing that I have suffered COVID-19 disease as confirmed by laboratory

Persons under 18 years of age but over 12 years of age meet the conditions of Emergency Measure 1/17, as evidenced by the submission of confirmation that they have undergone RT-PCR testing for the presence of the SARS-Cov-2 virus with a negative result no more than 72 hours prior to the time of admission.

I TAKE NOTE THAT IF I DO NOT CHOSE ONE OF THE ABOVE CONDITIONS, I CANNOT USE ACCOMMODATION SERVICES.

In Marienbad, date: Signature: