**AN AFFIRMATION**

OF THE NON-EXISTENCE OF THE SYMPTOMS OF AN INFECTIOUS VIRAL DISEASE

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| **Name and surname (*of the child/pupil/student/participant in education)*****date of birth:** **permanent residence:**  |

1. I hereby declare that the aforementioned child/pupil/student/participant in education is not displaying any symptoms of an infectious viral disease (*for example, a fever, cough, shortness of breath, a sudden loss of appetite and smell etc.)* and that this has also been the case for the last two weeks.
2. I hereby declare that I have been acquainted with the definition of the risk factors for individuals and with the recommendation that I should take these risk factors into account when deciding on any participation in educational activities.

In ………………………………………..

Dated ………………………………….

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| …………………………………………………………………..The signature of the pupil/student/participant in education who is of ageorthe signature of the minor’s legal guardian |

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| **Individuals with risk factors** |

**The Ministry of Health has designated the following risk factors:**

1. Individuals over 65 years of age with secondary chronic illnesses
2. Chronic pulmonary illnesses (*including moderate and severe bronchial asthma)* with long-term systemic pharmacological treatment.
3. Cardiac illnesses and/or disorders of the major blood vessels with long-term systemic pharmacological treatment, for example hypertension.
4. Disorders of the immune system, for example
	1. during immunosuppressive treatments (*steroids, HIV and so on*)
	2. during the treatment of tumours
	3. after the transplantation of solid organs and/or bone marrow
5. Severe obesity (a BMI in excess of 40 kg/m2).
6. Pharmacologically treated diabetes mellitus.
7. Chronic kidney disorders requiring the temporary or permanent support/replacement of the kidneys (*dialysis*).
8. Liver disease (*primary or secondary*).

Any individual who complies with at least one point from the list above or who lives in a common household with any person who complies with any of the stated points falls under the at-risk group.