AN AFFIRMATION

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

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

The signature of the pupil/student/participant in education who is of age

or

the signature of the minor's legal guardian

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
 - a) during immunosuppressive treatments (steroids, HIV and so on)
 - b) during the treatment of tumours
 - c) 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.