



Univerza v Mariboru

Fakulteta za kemijo  
in kemijsko tehnologijo  
Smetanova ulica 17  
2000 Maribor, Slovenija

# Statement on the health condition of the student

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I, the undersigned \_\_\_\_\_,

(Name and surname)

## Declare:

1. that in the last 14 days I have not had any of the following symptoms or signs: fever, cough, headache, malaise, sore throat, cold, shortness of breath (feeling short of breath), diarrhea or I was healthy during this period;

2. that I have not been in contact in the last 14 days with a person who has been confirmed to be infected with SARS-CoV-2.

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

Signature:

\_\_\_\_\_

