

## Statement on the health status of students at the University of Debrecen

Name of student:

Nationality:

Neptun code:

Date of submitting statement:

- |  |     |    |
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| 1. Have you been abroad in the past two weeks?<br>If so, where? _____  | yes | no |
| 2. Have you been in contact with a confirmed COVID-19 patient, or with someone suspected of infection in the past two weeks? | yes | no |
| 3. Have you been in contact with a person who had fever, was coughing or had shortness of breath?                            | yes | no |
| 4. Are you currently in official quarantine?   | yes | no |
| 5. Have you experienced any of the following symptoms in the past week?  |     |    |
| - high temperature or fever (higher than 37,5)   | yes | no |
| - dry cough  | yes | no |
| - shortness of breath  | yes | no |
| - muscle pain  | yes | no |
| - runny nose, sore throat, loss of smell and taste   | yes | no |
| 6. Do you have any of the following diseases?  |     |    |
| - cardiovascular disease, heart failure  | yes | no |
| - respiratory disease  | yes | no |
| - diabetes   | yes | no |
| - cancer   | yes | no |
| - immunodeficiency or treatment causing immunodeficiency   | yes | no |

I agree to report any changes to the above information immediately, or within a maximum of 12 hours after taking note of such changes, to the Faculty I belong to per my student status, in written form.

I confirm the validity of the above information under penalty of perjury. I am aware that submitting an untrue statement or failing to report changes to the contents of this statement is regarded as a misdemeanor, based on the regulations in Act LVIII. of 2020, and is punishable by the imposition of a fine of up to 500,000 HUF. I accept that submitting an untrue statement or failing to report changes to the contents of this statement is a disciplinary offense and might result in the termination of my student status.

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signature