

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

Name of student:

Nationality:

Neptun code:

Date of submitting statement:

- | | | |
|--|-----|----|
| 1. Have you been abroad in the past two weeks?
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.

signature