Gdańsk (date)

**Student’s declaration of being in isolation/quarantine\***

I, the undersigned declare that due to a positive SARS-CoV-2 test result/having had close contact (without taking safety measures) with a person suffering from/infected with the SARS-CoV-2 virus\* in the period of……. I am now in isolation/quarantine\* imposed on me by the County Sanitary-Epidemiological Station (or other institution …………………). You can contact me via the following telephone number …………….. I also declare that to my best knowledge the contact with an infected person occurred on ………………... Also, I hereby inform that on ..................... I had close contact with the following employees and students of the MUG ......................................................... (in case of students please provide year and programme of study if possible) .......................................................................................................................................

Date, name and surname, album number

\*cross out as appropriate

All personal data processing related to COVID-19 is regulated by the

information clause

https://gumed.edu.pl/attachment/attachment/72870/Informational\_obligation\_covid19.pdf