

student's name and surname: .....

name of the study programme/doctoral study programme/postgraduate studies/name of doctoral school\* .....

contact details - phone / e-mail: .....

year of studies: .....

### **Declaration**

I am not subject to mandatory quarantine due to restrictions introduced as the part of counteracting COVID-19 infections, and there are no grounds for imposing such a quarantine on me.

No one of my immediate family members as well as people who contact me is in quarantine or isolation.

My health conditions are good and I do not have any symptoms of the disease.

I will follow the sanitary rules and I am aware of criminal liability for violating the quarantine rules, concealing the fact of being infected or having direct contact with infected people.

I declare that I have got familiar with the safety rules applicable at UMCS during the COVID-19 epidemic and the rules of organising classes at the Faculty/Doctoral School/Head of a University Organisational Unit/, which are applicable from October 1, 2020.

I declare that I participate in classes and lectures of my own volition and I am aware of the current risks as well as I will not submit any claims to UMCS.

I am aware of the fact that I am obliged to inform the Dean of the Faculty/Director of the Doctoral School/Head of a University Organisational Unit about any changes to this declaration and any events affecting conducting and taking part in the classes.

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date and student's legible signature