**Declaration on honour**

I, …………………………………………………………… (name and surname), VUT ID …………………………. **declare on my honour, that**\*

1. **by my employer** ……………………………………………………………………………. (name of employer), ……………………………………………………………………………………….. (name of employer), company ID …………………………………..……. (identification number of the employer) I **underwent a test on** …………………………………….( date of test - day, month and year) to determine the presence of SARS-CoV-2 virus antigen, which is intended for self-testing or authorized by the Ministry of Health for use by a lay person and provided to me by the above employer or
2. **at a university other than BUT or at a school or school establishment** …………………………………………………………………………………………. (name of university or school or school establishment), ………………………………………………………………………. (name of university or school or school establishment, company ID ………………………………… (identification number of university or school or school establishment) I **underwent a test on** …………………………………….( date of test - day, month and year) to determine the presence of SARS-CoV-2 virus antigen, which is intended for self-testing or authorized by the Ministry of Health for use by a lay person and provided to me by the above employer

In …………………………… on ……………………………………..

 ………………………………………………………………...

signature

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\* Fill in one of the options