Gdańsk (date)

**Student’s declaration of self-isolation**

I, the undersigned declare that I am now staying at my current place of residence due to the onset of symptoms which occurred on ……………. and may indicate a SARS-CoV-2 infection. You can contact me via the following telephone number …………………….. 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) and participated in the following practical/laboratory classes ......................................................... I also declare that I will not participate in the classes at the University earlier than 3 days after the resolution of symptoms.

Date, name and surname, album number

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