

Statement on Health

I. Data of the examined student,

Name:
Address:
Telephon number:
Place of birth:
Date of birth:
TAJ number (if you have):
Faculty:

I. Data of the doctor who evaluates health suitability,

Name:
Address:
Telephon number:

II. I, undersigned, can confirm that,

1. I will immediately attend the doctor conducting the aptitude test, should I experience on myself, or on any of the members of my family living in the same household, any of the symptoms as follows:
jaundice,
diarrhea,
vomiting,
temperature,
sore throat,
skin rash,
other skin change (even the slightest ulceration, injury, etc.)

2. I will tell the doctor conducting the aptitude test if I may experience any of the listed symptoms when returning from a leave (e.g. annual leave) and before starting the work.

I understand that complying with this obligation is a precondition to be allowed to work in a position that is prioritised in terms of epidemic threats. I also understand that any information I disclose shall be treated with confidentiality.

Date:

Signature of the examined student: