**Annex No. 2.**

**Data of the person making the statement**

|  |
| --- |
| Name: |
| Address (actual place of stay in Hungary): |
| (Mobile) telephone number: |
| E-Mail address: |

 I, the undersigned hereby declare the followings in full knowledge of my criminal liability:

1. Have you had any of the following symptoms during the last three days?

• temperature or subfebrility (37,5 °C); **Yes**  **No**

• headache, discomfort, weakness, muscle pain **Yes**  **No**

• dry cough, heavy breathing, apnea, sever tachypnea **Yes**  **No**

• sore throat, loss of smell and taste **Yes**  **No**

• nausea, vomiting, diarrhea? **Yes**  **No**

2. Have you had contact with a coronavirus infected person during the last 10 days?

**Yes**  **No**

3. Have you had contact with such person in the last 10 days who has been put into authority quarantine due to the suspicion of coronavirus infection?

**Yes No**

By signing the present statement, I hereby declare in full knowledge of my criminal liability that

* I am not under any authority epidemiological measures, restrictions;
* I accept the respective epidemiological internal regulations and measures of the Academy of Music and I undertake to comply with these provisions;
* I hereby undertake that if there was any change regarding my data stated in the statement during the use of the buildings of the Academy I will immediately inform the administrator of the institution appointed for this purpose (in case of students the Study Department, in case of employees, the person exercising the work leading rights);
* I hereby acknowledge that the Liszt Ferenc Academy of Music does not undertake any liability for any possible coronavirus infections and for the consequences resulting from it, furthermore for any possible damages arising from the inappropriate statement.

I hereby give my consent with my signature that the Academy processes my data set out in the present statement during the academic year/concert season 2020/2021 for the prevention purposes related to the coronavirus.

Date: Budapest ………….…………..………..

 Signature

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**Certificate of handover**

**about the submission of the negative statement regarding the coronavirus, i.e. regarding the entitlement to entry**

On behalf of the Liszt Ferenc Academy of Music, I as employee of the reception of the building …../ affected organizational unit (name: ………………., position………………) have taken over from the following person

**Data of the person making the statement**

|  |
| --- |
| Name: |
| Address (actual place of stay in Hungary): |
| (Mobile) telephone number: |
| E-Mail address: |

The **negative statement regarding the coronavirus, i.e. the statement entitling to entry** on ………………….. 2020 in which this person has stated that

1. He/she has not had any of the following symptoms during the last three days

* temperature or subfebrility (37,5 °C)
* headache, discomfort, weakness, muscle pain
* dry cough, heavy breathing, apnea, sever tachypnea
* sore throat, loss of smell and taste
* nausea, vomiting, diarrhea.

2. He/she has not contacted any patient having certified coronavirus infection in the last 10 days.

3. He/she has not contacted any person in the last 10 days who has been separated in authority quarantine due to the suspicion of coronavirus.

4. He/she accepts and complies with the respective epidemiological internal regulations and measures of the Academy,

5. He/she is not under the effect of any authority epidemiological measures, restrictions,

6. He/she acknowledges in full knowledge in his/her criminal liability that if there were any change regarding his/her data stated in the statement during the use of the buildings of the Academy he/she will immediately inform the administrator of the institution appointed for this purpose (in case of students the Study Department, in case of employees, the person exercising the work leading rights);

7. He/she acknowledges that the Liszt Ferenc Academy of Music does not undertake any liability for any possible coronavirus infections and for the consequences resulting from it, furthermore for any possible damages arising from the inappropriate statement.

Date: Budapest

 Stamp …………..……

 Signature