

Sworn Statement by a Woman-in-Labour/Persons Accompanying a Woman-in-Labour/Patient that they are free of infection



In relation to the state of emergency declared by the government in the Czech Republic due to the health risk posed by the presence of coronavirus, **I declare that I have not been ordered to change my health regime, I do not subjectively feel any symptoms of acute infection and I have not been ordered to take quarantine measures by the district hygiene officer or any other physician.**

I also state that I have not been to any of the following high-risk countries in the past 14 days:

China	Spain	The Netherlands
Iran	Germany	Sweden
Italy	Switzerland	Great Britain
South Korea	Norway	Belgium
France	Denmark	Austria

I am also not aware of being in contact with a person who has fallen ill, or could potentially fall ill with an infectious disease, or who has been ordered to take quarantine measures in relation to visiting a high-risk country.

.....
name, surname, date of birth

.....
residential address

In Prague, on
signature

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