**DECLARATION OF NON-INFECTIVITY**

*“I declare that the child ................................................................................., residing at ................................................., does not show symptoms of an acute illness and that neither the regional public health authority nor a general practitioner for children and adolescents have ordered that the named child undergo quarantine measures (quarantine, increased health surveillance or medical supervision). I am not aware that the child, its parents or other persons who have lived together with it in the household during the last month have come into contact with persons who have contracted a communicable disease (e.g. diarrhoea, tonsillitis, viral hepatitis, meningitis, febrile disease with rashes).*

*I am aware of the legal consequences in the event of a false statement, in particular I am aware that I would be committing an offence under Section 56 of Act No. 355/2007 on the Protection, Promotion and Development of Public Health and on the amendment of certain laws.*

*In................................. dated........................*

*First name, surname, address, phone number and signature of the parent/guardian .....................................................................................................................................................*

*.................................................................................................................................................”.[[1]](#footnote-1)*

1. ) Annex No. 1 of the Decree of the Mistry of Health of the Slovak Republic No. 526/2007 Establishing the Details for the Requirements for Recovery Events [↑](#footnote-ref-1)