

Sir/Madam, _____, with NIE/Passport _____,

and address at _____,

I DECLARE,

I am not infected with COVID19, to the best of my knowledge, on the date of this declaration.

I have not had any symptoms related to COVID19, during the last 5 days.

I sign this declaration in _____, on _____, _____, 2022

Signed, _____