

Mr/Ms _____,

with DNI/NIE/Passport _____,

private or work address

DECLARES:

in the past 14 days, I have not been diagnosed positive for COVID19 and I am not aware of having had direct contact with anyone diagnosed positive for COVID19.

In the past 8 days I have not had COVID19 symptoms, and I am not presently required by national or regional authorities to be in quarantine.

Signed and dated:

Place _____, day ___ month _____ year _____

Signature: _____