

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 \_\_\_\_\_, \_\_\_\_\_, 2023

Signed, \_\_\_\_\_