

Declaration

of the student, participant of doctoral studies, doctoral student of the Interdisciplinary Doctoral School
of Lodz University of Technology, postgraduate studies, course, training or other form of education
joining the classes carried out at Lodz University of Technology

Name and surname:

Register number:

Faculty:

Field of study/course name/training:

.....

I declare that

- 1) I agree to participate in the classes:
course name:
in the semester of the academic year
at the premises of Lodz University of Technology;
- 2) I understand and accept the conditions of participation in the classes resulting from epidemic
threats caused by SARS-CoV-2 infections;
- 3) I do not have any symptoms of disease indicating SARS-CoV-2 infection; I am not in quarantine
because of a suspicion of SARS-CoV-2 infection and I have not had conscious contact with
persons infected with SARS-CoV-2 or in quarantine or isolation due to the possibility of SARS-
CoV-2 infection in the last 14 days;
- 4) I undertake to immediately notify the course instructor by phone or e-mail in the event of the
situations described in point 3.

Łódź, on

.....

signature