

Declaration

of the student, participant in doctoral studies, doctoral student at the Interdisciplinary Doctoral School
of Lodz University of Technology, postgraduate studies, course or training taking part in the exam,
test or consultations carried out at the premises of Lodz University of Technology

Name and surname:

Register number:

Faculty:

Field of study/course name/training:

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I declare that

- 1) I agree to participate in the exam / test / consultation in the following course:
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on at the premises of Lodz University of Technology;
- 2) I understand and accept the conditions for the examination / test / consultation resulting from the epidemic threats caused by SARS-CoV-2 virus 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 in charge of the exam/test/consultation by phone or e-mail in the event of situations described in point 3.

Łódź, on.

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signature