

Addendum 5

FORM

for preventing and combating infections with SARS-CoV-2

I, the undersigned _____, resident in _____, Personal Identification Number _____, enrolled as a student at the Faculty of _____ at Babeş-Bolyai University, having been provided accommodation in Residence hall _____ and aware of the fact that provision of false/incomplete information may lead to the illness and/or death of others, expressly and unequivocally declare the following:

- Within the last 14 days, I have not travelled abroad to other states than those exempted from the imposition of quarantine/isolation measures (green area);
- Within the last 14 days, I have had no symptoms of SARS-CoV-2 infection (i.e. most common symptoms: fever, fatigue, dry cough, other symptoms that may be present: headache, nasal congestion, sore throat, diarrhoea, etc.);
- None of my relatives, up to and including fourth degree (children, parents, grandparents, brother, sister, uncle, aunt, nephew, cousin), nor my spouse/partner or any other person I live with or I have met within the last 14 days have not travelled abroad in countries other than those exempted from the imposition of quarantine/isolation measures (green area), during this period and do not have specific symptoms of SARS-CoV-2 virus infection;
- I am not aware of having been in contact with people who have travelled abroad, with people diagnosed with COVID 19, with people who have been in contact with other people diagnosed with COVID 19, with people who have typical symptoms of SARS-CoV-2 disease, with people who have been quarantined or are suspected of being infected with SARS-CoV-2 in the last 14 days;
- Other mentions: _____

I hereby declare that I agree to the processing of personal data in compliance with the provisions of Regulation (EU) 2016/679 adopted by the European Parliament and the Council of the European Union on the protection of natural persons with regard to the processing of personal data and on the free movement of such data.

The processing of this data will be carried out throughout the accommodation period. Regarding the transfer of the data provided, we mention that the data will be subject to strict transfer to health facilities, as well as to public institutions and/or authorities directly involved and interested in combating SARS-CoV-2 infection, without being subject to unauthorized transfer.

Last name and first name: _____

Date: _____

Signature: _____