

AFFIDAVIT

for the prevention and control of infections with CORONAVIRUS (COVID-19)

I, The undersigned _____, domiciled in/with current residence in _____ city, _____ Street, no. _____, Block of flats _____, entrance _____, flat _____, County/District _____, Country _____, holder of the Identity Document Passport/Identity Card Series _____ no. _____ with Personal number _____, as a patient;

after taking note that providing false and/or incomplete information to your company may lead to other people's illness and/or other people's death, as well as the fact that the present affidavit may lead to the following consequences:

- **The criminal conviction of the undersigned for committing the offences provided for and sanctioned by the Criminal Code of Romania, as well as any other offences provided by special laws that could derive from the inadequate declaring of the truth and / or from incomplete affidavits, BY SENTENCE TO IMPRISONMENT FOR UP TO 15 YEARS;**
- **The undersigned will bear all the damages and expenses caused to the medical unit as a result of the disturbance of the activity due to quarantine measures or any other measures that will be imposed because of the spread of SARS COV 2;**

A. Under the sanctions provided by the Criminal Code of Romania regarding untrue statements, I hereby state on my own responsibility the following:

- In the past 14 days, I did not travel abroad;
- In the past 14 days, I did not present any sign of SARS COV 2 infection (i.e.: the most frequent symptoms: fever, fatigue, dry cough; other symptoms that may be present: headache, nasal congestion, throat pain, diarrhea, etc.);
- No relatives of mine, up to 4th grade inclusively (children, parents, grandparents, brothers, sisters, uncles, aunts, nephews, cousins) and no husband/wife/partner or any other person with whom I live or with whom I have come into contact in the past 14 days have traveled abroad during this time and do not present any specific symptoms of SARS COV 2 infection;
- I am not aware to have come in contact with persons who have traveled abroad in the last 14 days, or with persons that were diagnosed with COVID-19, or with persons that have come in contact with persons that were diagnosed with SARS COV 2, or with persons that present specific symptomatology of SARS COV 2 infection, or with persons that were placed in quarantine or are suspects of being infected with SARS COV 2, in the last 14 days.

B. Other mentions: _____

C. I, the undersigned, undertake that if, after signing this Affidavit, I come in contact with people whom I know to have traveled abroad, I will no longer be in contact with medical personnel, patients or any other people, being aware of the consequences that can occur in this case, and I will undertake and observe all the measures that will be decided by the authorized bodies at that time.

I also state that I fully understand the consequences of my statement and that by signing it I fully agree that if the statements do not correspond to the truth or are false and / or incomplete, I will bear all the consequences assumed herein.

By the present affidavit I hereby agree that the processing of personal data is to be carried out under the provisions of the 679/2016 Regulation for the approval of the personal data processing protection rules adopted by the Council of the European Union and the European Parliament, as well as of the rules referring to the free circulation of such personal data.

The processing of such data will be performed until the risk of SARS COV 2 infection has ceased to exist and, respectively, as long as the medical unit is under the legal obligation to process such information or in order to protect the operator's legitimate interest, also with regard to protecting such right belonging to the operator, in front of any competent courts of law. Regarding the transfer of such data, such transfer can

and will be made solely to the sanitary units, as well as to any public institutions and/or any public authorities interested in and involved, in any way, in the fight against SARS COV 2 infection and no unauthorized transfer will be made.

Date: _____

PATIENT: _____

(Signature)