

DECLARATION

The undersigned

.....

(full name)

Personal Number

I DECLARE:

1. I have no symptoms of COVID -19 (high temperature, cough, difficulty breathing, loss of smell, disturbance or loss of taste, etc.).
2. Over the past 14 days I have not been in contact with a COVID-19 patient and I have not been under quarantine.
3. I am aware of the epidemic situation in the Republic of Bulgaria, as well as with the risks of infection with the causative agent of COVID-19.
4. I am aware of and will adhere to the anti-epidemic measures at the site of Kozloduy NPP introduced by orders of the Minister of Health and the Chief Executive Officer of Kozloduy NPP.
5. I am aware that for any false statements I shall bear responsibility under the legislation of the Republic of Bulgaria.

Enclosures:

- An accredited laboratory document demonstrating a negative PCR test (performed up to 72 hours before starting work) result.

My contact data:

Company:.....Office Telephone:

Permanent Address:

Mobile Phone:

E-mail Address:

Date:

Signature