

# AFFIDAVIT

## COVID-19

I ..... (name and surname) hereby declare that I have fulfilled one of the below requirements enabling me to attend the theatre performance (check the box that applies):

- RT-PCR test with a negative result (test not older than seven days)
- POC (antigen) test with a negative result (test not older than 72 hours)
- vaccination against COVID-19; it is necessary that at least 14 days have elapsed since receiving the final dose of the vaccine (the second dose in the case of a two-dose vaccine; the first dose in the case of a single-dose vaccine)
- laboratory-confirmed prior infection with COVID-19 (in the period of not more than 180 days preceding the date of the event)
- self-administered test at the venue with a negative result

Name: .....

Address: ..... (optional data)

Date of birth: ..... (optional data)

Date: .....

Signature: .....