

STATEMENT OF CONSENT

With this statement, I confirm that I have been informed about conditions for entry into the Republic of Serbia for travelers arriving from countries with special risk of infectious diseases COVID-19.

I accept to stay in quarantine for 14 days after my arrival in Republic of Serbia without leaving premises during that period of time.

I will respect all personal protection measures against COVID-19 during my stay.

If I would need medical attention for any reason I will inform emergency medical team in accordance with Serbian health regulations.

I agree with providing nasopharyngeal swab for PCR testings on SARS-CoV-2 virus by an authorized laboratory in Republic of Serbia on the first, and the seventh day following my arrival, or in case I develop symptoms suspect for COVID-19.

I agree to cover on my own all expenses of my PCR testings and costs of quarantine stay in the Republic of Serbia.

I agree to be isolated in an appropriate health care facility, in accordance with Serbian health regulations, in case I would be tested positive for SARS-CoV-2 virus.

Date and place

Signature

PERSONAL DETAILS:

Name: _____

Surname: _____

Citizenship: _____

Passport No: _____

Date of birth: _____

Place of birth: _____

Country: _____