*Travel Declaration Statement – employees paid leave, doctoral students and students*

……………………………………..…………………. Kraków, *(Date)* ………………………

*(Name and Surname)*

………………………………………………………….

*(JU unit)*

**TRAVEL DECLARATION STATEMENT**

I, *(Name and Surname)* …………………………………. the undersigned, hereby consent to undertake, at my own request, an **international trip** to ………………..………........................ *(Country, City, Institution)* on the days …………….............…….. in order to .……………...............…….. . I acknowledge that I am fully aware of the SARS-CoV-2 infection risk and the COVID-19 disease risk pertaining to my travel. I accept in full the responsibility and liability for any loss or health damage that may be incurred.

Furthermore, I declare that I have read the current recommendations of the Polish Ministry of Foreign Affairs, the Polish Ministry of Health, the Polish Ministry of Science and Higher Education and the Chief Sanitary Inspectorate in Poland. I also confirm to follow the latest statements released by the World Health Organization and the European Centre for Disease Prevention and Control regarding travelling both, to the destination and transit countries and I abide by these recommendations.

I am fully aware of the health insurance terms and conditions provided by TU Compensa, guaranteed by the Jagiellonian University for international trips.

(Legible signature)…………………………………………….

(Date) ……………………………………………..