*Travel declaration statement – paid leave, students (PhD included)*

……………………………………..…………………. 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 ……………...............……....................................................................., despite the risk of infection with SARS-CoV-2 virus and COVID-19.

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 terms and conditions of health insurance guaranteed by the Jagiellonian University for employees and students (PhD included) while on the aforementioned trip.

(Legible signature)…………………………………………….

(Date) ……………………………………………..