

DECLARATION

The undersigned

.....
(names of the person)

Coming from.....
(starting point of departure, regardless the stay or transit through another country)

DECLARE:

1. I have no symptoms of COVID-19 (increase body temperature, cough, breathing disorders, loss of sense of smell, loss of taste, etc.)
2. I have not been in contact for the last 14 days with sick from COVID-19
3. I am well acquainted with the epidemic situation in the Republic of Bulgaria, as well as with the risks of infection with COVID-19
4. I will follow the anti-epidemic measures introduced with order(s) of the Minister of Health on the territory of the Republic of Bulgaria
5. I travel on my own risk
6. Purpose of the travel
7. I am obliged immediately to leave the territory of the Republic of Bulgaria
(only for persons in transit on Bulgarian territory)
8. I am informed that for incorrect data I am legally responsible according the Bulgarian legislation

Contact data:

No of identity card/passport.....

Mobile tel. No:.....

E-mail:.....

DATE:

SIGNATURE: