

## Solemn declaration and instructions

I, signed below (name and surname) .....

Date of birth.....

Address (permanent).....

### I declare following:

1. I do not have any signs of current suffering from COVID-19
2. I do not have any high fever (higher temperature than 37,3 °C)
3. I do not suffer from any acute respiratory disease, and I am not aware of any sudden digestive problems or loss of taste, smell or migraine in the last 14 days, followed by the development of other problems such as fever, dry cough, muscle pain, nausea, or breathing problems
4. No quarantine has not been ordered to me, nor have I been in contact with any person to whom quarantine has been ordered and has not yet ended
5. I have not been in contact with a person suffering from COVID-19 within the last 14 days

I am aware of the legal consequences of a false declaration and the crime of spreading the infectious disease COVID-19.

I declare that the information provided in this document is true and correct.

### Instructions:

I am aware, that I may begin my stay only with:

- Negative antigen test no older than 72 hours.  
Exceptionally, such paid test is available in our spa, pre-booking necessary: tel. +420 353 836 111.
- Or negative PCR test no older than 7 days.
- Or after proving that
  - a) 14 days have elapsed since the 2nd dose of EU approved vaccine has been applied in the case of a 2-dose schedule
  - b) 14 days have elapsed since the 1st dose of EU approved vaccine has been applied in the case of a 1-dose schedule
- Or no more than 180 days have elapsed since the COVID-19 disease was diagnosed to me and since I was positively antigen or PCR tested for the first time (medical report necessary).

I agree with repeated testing for COVID-19 disease using an antigen test at regular intervals once a week during my stay (price 201 CZK).

I agree that if I develop symptoms of COVID-19 during the stay in the spa, if I will be positively tested or located as a person who has been in contact with a person with symptoms or a person who is positive for COVID-19, I am obliged to end my stay and leave the hotel immediately. In the case of a positive antigen test, I agree with being retested with a PCR test (price 814 CZK), and to immediately inform about the result of this PCR test the Medical spa department at the e-mail address [radiumpalace@laznejachymov.cz](mailto:radiumpalace@laznejachymov.cz).

Thank you.

In Jachymov, on.....

Signature.....

Check-in day .....