**STUDENT / RESIDENT APPROVAL**

**ON THE RISK ASSESSMENT OF COVID-19**

**I hereby certify that** *(tick as appropriate):*

|  |  |
| --- | --- |
|  | I have not been **diagnosed** with COVID-19 disease (coronavirus infection). |
|  | **For a period of 14 days,** I have not been in contact (for more than 15 minutes) with persons with **a fever of unknown cause, persons diagnosed with COVID-19, or suspected of being in self-isolation.** |
|  | During the 14 days prior to the onset of symptoms, I **did not travel or live** in countries that were approved by the Ministry of Health of the Republic of Lithuania as a high risk for COVID-19 infection. |
|  | During the 14-day period, I had not been under observation of any symptoms - fever (body temperature 37.3º C and higher), sore throat, cough, musculoskeletal pain, loss of smell, difficulty in breathing. |

**I am informed that:**

1. Violations of the requirements of the Law on the Prevention and Control of Infectious Diseases of the People of the Republic of Lithuania shall be committed both by acts and inacts. An action is when a person actively violates the requirements of health care or infectious disease prevention control, and inaction - when a person, although having a duty, fails to comply with the statutory requirements related to health care or communicable disease prevention control.

2. In case of **non-compliance** with the requirements of the Law of the Republic of Lithuania on the Prevention and Control of Infectious Diseases of Humans, the following **shall apply to a person:**

2.1. **Administrative liability** - according to Article 45 of the Code of Administrative Offenses of the Republic of Lithuania, a violation of the Law on the Prevention and Control of Infectious Diseases of the Republic of Lithuania entails a warning or a fine from sixty to one hundred and forty Euros. A repeated administrative offense shall be punishable by a fine from one hundred and forty and six hundred Euros, and the Heads of legal persons or other persons liable shall be liable from five hundred and fifty to one thousand and two hundred Euros. The specified acts, which have caused the risk of the spread of dangerous or particularly dangerous infectious diseases, impose a fine on persons from three hundred to five hundred and sixty Euros.

2.2. **Criminal liability** - in accordance with Article 277 of the Criminal Code of the Republic of Lithuania, depending on the consequences (A person who, having been informed by a medical institution of his illness and warned of the protective measures which he must observe in his dealings with humans, has endangered another person with a serious infectious disease, committed a criminal offense and shall be punished by community based penalty or a fine or restriction of liberty, or arrest).

The spread of the disease is considered to be the cases when non-compliance with the requirements of the above-mentioned legal acts causes infectious diseases to several or dozen of people. Also, according to the consequences, criminal liability may be applied for crimes provided for in Chapter XVIII of the Criminal Code of the Republic of Lithuania “Crimes against Human Health”.

2.3. **Civil liability** is a property obligation arising from damage that is not related to a contractual relationship. Each person has a duty to follow the rules of such conduct so that their actions (actions, inactions) do not harm another person. Damage caused to a person, property and, in cases provided by law, non-property obligation damage must be fully compensated by the responsible person.

2.4. Administrative misdemeanor proceedings are initiated, administrative misdemeanors are investigated and administrative misdemeanor protocols are drawn up by the National Public Health Center, and the police may be used to ensure public order.

2.5. Any interested person with data on possible violations of these rules and cases of the spread of the disease may apply to law enforcement authorities for protection of his or her public interests.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

(enter name and surname)

**hereby certify that I have read and understood the information provided, have had the opportunity to ask questions, have received comprehensible answers to all questions asked.**

**I hereby certify that the information provided is true.**

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**(name, surname) (signature) (date)**

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