

In connection with the declared pandemic of COVID-19 by the World Health organization

I, Mr. / Mrs.

.....

(the three names of the person)

I DECLARE:

1. I have no symptoms of COVID-19 disease.
2. I am not quarantined.
3. I am familiar with the epidemiological situation in the Republic of Bulgaria, as well as with the risks of the COVID-19 disease.
4. I observe the anti-epidemic measures introduced by order (s) of the Minister of Health on the territory of the Republic of Bulgaria
5. I travel at my own risk.
6. Purpose of the trip:.....
7. I undertake to leave the territory of the Republic of Bulgaria immediately.
/applies only to persons transiting through the territory of the Republic of Bulgaria/
8. I am responsible for incorrect data under the legislation of the Republic of Bulgaria.

Contact details:

№ on ID / passport:.....

Mob. phone:.....

E-mail:.....

DATE:

SIGNATURE: