



# HEALTH DECLARATION OF HONOUR

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I, the undersigned: \_\_\_\_\_

I, the undersigned: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

**HEREBY DECLARE:** **YES**

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<b>A) I have a negative COVID antigen test valid for 72 hours after collection</b>	
<b>B) I have a negative PCR test for COVID valid for 7 days after collection</b>	
<b>C) I am after COVID within 180 days of the end of the disease</b>	
<b>D) I am more than 14 days after the second vaccination in the case of a two-dose vaccination plan according to SPC</b>	
<b>E) I am more than 14 days after the first vaccination in the case of a single dose vaccination plan according to SPC</b>	
<b>F) I passed COVID antigenic self-test at the reception desk of the Bikram Yoga Prague studio with a negative result</b>	

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<b>E) I am more than 14 days after the first vaccination in the case of a single dose vaccination plan according to SPC</b>	
<b>F) I passed COVID antigenic self-test at the reception desk of the Bikram Yoga Prague studio with a negative result</b>	

At the same time, we inform you that according to the extraordinary measure of the Government No. 423 issued on April 29, 2021, we are obliged to collect and store the required personal data above that can be used for a possible epidemiological investigation, for which we are obliged to pass on personal data to an authorized person.

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In Prague on: \_\_\_\_\_ Client's signature: \_\_\_\_\_

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