

STUDENT 'S consent to COVID-19 antigen testing

PERSONAL DATA:

Surname and name:

Birth code (foreigners – insurance registration number):

Insurance company:

Permanent residence address:

I have concluded an Agreement to Complete a Job (DPP) with UCT Prague: YES/NO (check which applies)

CONTACT details where you can be quickly contacted (phone number or e-mail).

Phone:

E-mail:

Hereby I express my consent to testing for COVID-19 disease performed by POC antigen test for the presence of the SARS-CoV-2 virus antigen.

By signing this informed consent I declare that:

- the granting of the consent is an expression of my free will and free of distress,
- I do not show any symptoms of acute respiratory infection and currently I am not subject to any quarantine measures,
- I understand that if the COVID-19 antigen test result is positive, I will not be allowed to enter the buildings of UCT Prague and I shall proceed according to the current measures of the government of the Czech Republic, UCT Prague and other legal regulations. It is recommended to contact a general practitioner and undergo testing by the RT-PCR confirmation method to prove the presence of the virus.

Hereby I also grant consent to collection, keeping and processing of my personal data by UCT Prague, IČO 60 46 13 73, with registered office at Technická 5, Praha 6, as a health services provider within the following scope: name and surname, birth code/insurance registration number, insurance company and address of permanent residence, contact phone and e-mail, for the purpose archiving of this informed consent for the necessary term as defined by the legal regulations.

Dated in Prague

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signature