DECLARATION

The undersigned
(names of the person)
Coming from
(starting point of departure, regardless the stay or transit through another country)
DECLARE:
1. I have no symptoms of COVID-19 (increase body temperature, cough, breading disorders, loss of sence of smell, loss of taste, etc.)
2. I have not been in contact for the last 14 days with sick from COVID-19
3. I am well acquainted with the epidemic situation in the Republic of Bulgaria, as well as with the risks of infection with COVID-19
4. I will follow the antiepidemic measures introduced with order(s) of the Minister of Health on the territory of the Republic of Bulgaria
5. I travel on my own risk
6. Purpose of the travel
7. I am obliged immediately to leave the territory of the Republic of Bulgaria
(only for persons in transit on Bulgarian territory)
8. I am informed that for incorrect data I am legally responsible according the Bulgarian legislation
Contact data:
No of identity card/passport
Mobile tel. No:
E-mail:

DATE: SIGNATURE: