



## **STATEMENT**

Name	Surna	ame	
Address of residence			
Contact phone			
Reason for arrival			
difficulty brea	thing, disturbance of sense of sr	atory disease which may include: high mell and taste and I declare that I will be symptoms at the time of the exercises	not access exercises and
infected with given a self-i	the new coronavirus and that I w	tion measure, that I have no knowledg will not access the exercises and enter knowledge that I am infected with the	the institution if I am
	ment is to inform all the participa rcises, practical training and exa	ants/students and employees that in thams.	e case of the above they
Statement, and by my	handwritten signature I give o	cting the personal data specified in consent for their collection and pro- Protection Act, i.e. the General Da	cessing for the stated
In	date		
		Signature	

Processing of data from this STATEMENT University of Zagreb Faculty of Textile Technology carried out for the purpose of protecting individuals from infectious diseases COVID-19 as well as preventing the spread of this infectious disease in accordance with the Law on protection of the population from infectious diseases, The Occupational Safety Law and the instructions of the Civil Protection Headquarters of the Republic of Croatia relating to the COVID-19 epidemic and will carry out the processing of this data solely for the stated purpose and during the implementation of protection according to the instructions of the Civil Protection Headquarters, and at the end of the risk the data will be deleted.