

# DECLARATION

FILL IN WITH CAPITAL LETTERS

Name \_\_\_\_\_ Surname \_\_\_\_\_  
Personal Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Identification No. (dd/mm/yyyy)

Citizenship \_\_\_\_\_

*The details of the person if the declaration is filled in for the child or dependent person:*

Name \_\_\_\_\_ Surname \_\_\_\_\_

Personal Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Identification No. (dd/mm/yyyy)

**have stayed in such countries for the last 14 days :**

Country \_\_\_\_\_ Date of departure \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_  
Country \_\_\_\_\_ Date of departure \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

**Arrived to LATVIA:**

- **By public transport** (indicate type of transport, flight number, seat or cabin number.):

by plane  by bus  by ship/ferry/yacht/pleasure boat  by train   
flight number   
seat or cabin number

- **Without using public transport**

**Planned residence for a further 10<sup>1</sup> days:**

Latvia

**Address of actual residence in Latvia, where I shall be reached for the next 10 days:**

County \_\_\_\_\_ Parish \_\_\_\_\_

City \_\_\_\_\_ Village \_\_\_\_\_

Street \_\_\_\_\_

House name (Hotel) \_\_\_\_\_

House number \_\_\_\_\_ Building \_\_\_\_\_ Apartment number \_\_\_\_\_

**Other country** \_\_\_\_\_ **Address** \_\_\_\_\_

**Contact telephone numbers** \_\_\_\_\_

**Email for contact** \_\_\_\_\_

I declare that I have been informed that epidemiological security measures have been established in Latvia to limit the spread of Covid-19 infection<sup>2</sup> and I undertake to comply with those measures.

All arrivals from the country published on the website of the Centre for Disease Prevention and Control (hereinafter referred to as "CDPC"): <https://www.spkc.gov.lv/lv/valstu-saslimstibas-raditaji-ar-covid-19-0> to which the special precautionary and restrictive measures are applied ensure self-isolation (10 days since leaving the country published on the CDPC website person should ensure self-isolation at the place of residence or another place of stay (at the below-mentioned address), avoid close contact with any person, do not visit public places and use face and mouth cover travelling to the place of self-isolation by public transport, monitor health and be available to be contacted by CDPC epidemiologists).

By my signature I confirm that information given in this form is true and correct, as well I'm informed that the processing of personal data is being carried out in accordance to points (e) and (d) of Article 6(1) of REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), with a purpose – protection of the vital interests of society.

Date \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

Signature \_\_\_\_\_

<sup>1</sup>Additional conditions apply to persons employed in medical institutions, social care institutions and educational institutions, who are in direct contact with other people, such as doctors who help patients or teachers working with children. These persons will have to take Covid-19 test on the 8<sup>th</sup> day after their return. If the test is negative, persons will be able to return to work on the 11<sup>th</sup> day after leaving the concerned country. If the person does not want to perform the test, then duration of self-isolation will remain as previous - 14 days.

<sup>2</sup>Latvian Republic Cabinet Order No 360 „Epidemiological safety measures for limiting the spread of Covid-19 infection” (adopted in 9 June 2020)