

# Declaration of health



According to the current situation with Covid-19 virus and the Governments aim to control the spreading of the virus I hereby declare the following:

Fever during the last two weeks: Yes  No

Signs of flu or cold such as cough, sore throat, runny nose etc: Yes  No

**Name:**

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**Date of birth:**

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**Mobile number:**

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**Passport number:**

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Airport Sky Vårdcentral does not take responsibility for any unpredictable events such as laboratory or transporting failures. In such instance you as the client will be refunded the test fee of 2500 kr.

The client is responsible to collect the test result and certificate within opening hours.

**Signature:**

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**Date:**

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