



Institut za razvoj
obrazovanja



Name: _____

I hereby confirm that I do not have signs of acute respiratory disease which might include the following symptoms: **elevated body temperature, cough, shortness of breath, loss of smell and taste** and I confirm that I will not attend testing if during the time of the test I should experience any of the above mentioned symptoms.

I confirm that I have not been ordered self-isolation measures, that to my knowledge I am not infected with the new Coronavirus and that I will not attend testing if at the time of the test I should be ordered self-isolation measures or if I know that I have been infected with the new Coronavirus.

In Zagreb: _____

Signature: _____

Contact in case of need: _____

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