

Annex No. 3
to the Decree of the Public Health Authority
of the Slovak Republic No. 176/2021 V. v. SR*)

Sample Form
Confirmation of Prior COVID-19 Infection

Name:

Surname:

Date of birth:

The person listed above has demonstrably fought off a prior infection with the COVID-19 virus**), as confirmed by⁽¹⁾:

- a positive RT-PCR test;
- an antigen test;
- a COVID-19 antibody test;

within the past 180 days and is therefore exempt from the requirement to undergo further COVID testing or comply with quarantine measures

from..... until.....,

unless new symptoms of COVID-19 develop.

⁽¹⁾ please indicate the testing method confirming the diagnosis of the virus

In

Date:

.....
Physician's stamp and signature

Explanatory Notes:

*) 'V. v. SR' is a Slovak abbreviation for the 'Bulletin of the Government of the Slovak Republic'.

**) The moment of fighting off a prior COVID-19 infection is understood to be either the day following the last day of isolation or the date on which blood was drawn for an IgG antibody test.