**DOCTORAL STUDENT/STUDENT**

* Fill in the relevant table from among three tables below.
* Attach the filled in document to an email.
* In the subject of the email write: a doctoral student / student, respectively.
* Send the email with attachment to the address: [covid@amuz.krakow.pl](mailto:covid@amuz.krakow.pl)

|  |  |
| --- | --- |
| ***NOTIFICATION OF FALLING ILL OR SYMPTOMS OF FALLING ILL WITH COVID-19***  ***(also without a doctor’s diagnosis)*** | |
| *first name and surname* |  |
| major/specialisation (faculty) |  |
| date of the occurrence of symptoms |  |
| **date** of the last contact with persons belonging to the AMK community (students, doctoral students, employees) – up to 10 days before observing symptoms and **first names and surnames** of these persons: | |

|  |  |
| --- | --- |
| ***NOTIFICATION OF A CLOSE, DIRECT CONTACT WITH A PERSON WHO FELL ILL WITH COVID-19***  ***IN THE LAST 10 DAYS*** | |
| *first name and surname* |  |
| major/specialisation (faculty) |  |
| date of the last contact with an ill person |  |

|  |  |
| --- | --- |
| ***NOTIFICATION OF PAST CASE OF COVID-19 DISEASE*** | |
| *first name and surname* |  |
| major/specialisation (faculty) |  |
| date of recovery |  |

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*After sending the above message the sender receives in return a message with relevant guidelines.*

*We would like to ask you to be responsible and react immediately.*

*The faster we report cases of the disease, the bigger chance for maintaining functioning of the University!*

*Authorities of AMKP*