|  |  |
| --- | --- |
| room address and no.: |  |
| programme, level and year of studies: |  |
| class name: |  |
| group no. according to USOS: |  |
| teacher: |  |
| laboratory/workshop administrator: |  |
| class start time: |  |
| class end time: |  |

I confirm to have read the basic information about COVID and guidelines in the field of the operation of laboratories and workrooms.

<https://us.edu.pl/uczelnia/status-zabezpieczen-covid-19/>

|  |  |  |
| --- | --- | --- |
|  |  | **SIGNATURE** |
| No. | Student first name and surname (legible) | Date:  | Date:  | Date:  | Date:  | Date:  | Date:  | Date:  | Date:  | Date:  |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |