**LIST OF ATTENDANCE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CODE** |  | **YEAR** | |  | **GOUP** | |  | |
| **SUBJECT** |  | | | | | | |
| **TYPE** | **CLASSES** | | **SEMINAR** | | | **OTHER** | |
| **DATE** |  | | | | | | |
| **TEACHER** |  | | | | | | |
| **EPIDEMIOLOGICAL INTERVIEW**  **I declare that in the last 10 days:**  **• I have had no symptoms of an infection with a cough / shortness of breath / fever**  **• I am not under the quarantine imposed by the Sanitary Inspection**   * **• I have had at least two COVID-19 vaccinations (one in the case of a single-use vaccine). The submission of this declaration is voluntary, but must be truthful. If a false statement is made, patients may be exposed to COVID-19 infection, with the risk of loss of life or health.** | | | | | | | |
| Last name | Name | Signature | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |
|  |  |  | | | | | |

……………………………………………………..

*Name and last name of the teacher*

***ATTENTION***

***The Attendance List template should be copied and completed before the beginning of the class***

***and archived in the documentation of the Department.***

***The person conducting the classes is responsible for completing the List.***

***Each academic teacher conducting classes with students is obliged to read and comply with the rules contained in Regulation No. 186 of the Rector of the Nicolaus Copernicus University of September 27, 2021.***