Appendix no. 1 to Rector's Order no. 94/2020 of 24.09.2020

**Statement of a resident of the MUB STUDENT DORMITORY**

…………………………………………………………………..

first name and surname

…………………………………....................…………………..

contact phone number or e-mail address

room number …………… date of arrival ………………..............

Bearing in mind safety and health protection, as well as minimizing the risk of SARS-CoV-2 infection of residents and employees of SD, in accordance with the guidelines of the Minister of Science and Higher Education developed in consultation with the Chief Sanitary Inspector, on ensuring safe accommodation conditions in SD during the COVID-19 epidemic, please submit the following statements.

**I hereby declare that**

1. in the event of disturbing symptoms of an infectious disease of the respiratory tract suggesting a coronavirus infection (in particular: fever, cough, shortness of breath), I undertake to immediately inform the SD head/administrator (by phone or email), in order to:
2. determine the area in which I was moving and staying and establishing a list of people (if possible) present at the same time in the part/parts of the building in which I stayed;
3. instruct to report to the nearest infectious ward as soon as possible for consultation with a doctor, by going there using own transport or by calling the Ambulance Service (tel. no. 999 or 112) and waiting for transport in a room designated by the SD head/administrator, where it is possible to be temporarily isolated from other people;
4. notify the locally competent Poviat Sanitary and Epidemiological Station and strictly follow the instructions and orders issued;
5. in the case of accommodation in SD, I undertake to strictly comply with the rules of safety and personal hygiene, which were introduced by the Chief Sanitary Inspector,   
    in particular: disinfecting hands before entering the facilities, observing the rules of social distance, including avoiding gatherings, covering the mouth and nose (using a mask, face shield, etc.), immediately informing the head/administrator of the Dormitory / (by phone or e-mail) about suspicions resulting from contact with a person infected with COVID-19,

At the same time, I declare that I am aware of the dangers and consequences of living  
in SD during the Covid-19 epidemic.

..............................................................

date and legible signature

In accordance with art. 13 of the general data protection regulation of 27 April 2016, hereinafter referred to as the GDPR, I acknowledge that:

1. Administrator of my personal data is the Medical University of Bialystok  
   with registered office at ul. Kilińskiego 1, 15-089 Białystok, represented by the Rector,
2. The Medical University of Bialystok has appointed a Data Protection Officer who can be contacted regarding personal data matters by sending information to the following e-mail address: iod@umb.edu.pl or via other contact details provided on the University's website,
3. my personal data will be processed in order to ensure safe and hygienic accommodation conditions in student dormitories during the COVID-19 epidemic, in order to perform a task carried out in the public interest in the field of public health and protect the life and health of people,
4. my personal data will be processed pursuant to art. 6, section 1 letters d and e of GDPR and art. 9 section 2 letter i GDPR in conjunction with the Law on Higher Education and the guidelines of the Minister of Science and Higher Education developed in consultation with the Chief Sanitary Inspector regarding the provision of safe accommodation conditions in SD during the COVID-19 epidemic,
5. my personal data provided in the declaration will be kept for the duration of my residence in SD and for a maximum period of 1 month from moving out,
6. recipients of personal data will be persons authorized by the Administrator, public authorities or entities authorized to obtain data on the basis of applicable law, in particular sanitary units,
7. I have the right to access personal data, the right to rectify, delete or limit processing, the right to object to the processing, the right to transfer data; in order to exercise your rights, please contact the Data Protection Officer,
8. I have the right to file a complaint to the President of the Personal Data Protection Office, ul. Stawki 2, 00-193 Warsaw, when it is justified that my personal data is processed by the Data Administrator contrary to the GDPR,
9. based on personal data, the Administrator will not make automated decisions, including decisions resulting from profiling within the meaning of the GDPR,
10. providing personal data is voluntary, but necessary for the purposes of ensuring security  
    as well as protect health and minimize the risk of COVID-19 infection. If they are not provided, accommodation in SD will not be possible.

…………………………………………………………………….

date and legible signature of the student/PhD student