

Annex

Approved by Rīga Stradiņš University Rector's Decree

No \_\_\_\_\_ of \_\_\_\_\_

### Statement

I, \_\_\_\_\_ hereby confirm that I have:  
(name, surname)

(tick as appropriate)

a valid interoperable vaccination certificate

or

a valid recovery certificate

Date: \_\_\_\_\_

Student or employee

\_\_\_\_\_  
(Name, surname)