………………………., date………………………

………………………………………………………….

(student name and surname)

………………………………………………………….

(record book number/ year of study)

………………………………………………………….

(contact phone number)

STATEMENT

The receiving institution…………………………………………………………………………………………,

(name and address of the workplace / healthcare institution)

provides safe conditions for apprenticeships in accordance with the epidemic threat.

……………………………………..

(signature of the facility manager)