………………………., 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)