



**SIMPLE AFFIDAVIT  
(INTERNATIONAL STUDENTS)**

I, \_\_\_\_\_, Passport N° \_\_\_\_\_, of nationality \_\_\_\_\_, through this document I declare under oath the following:

1. I am informed of the regulations established by the government of my country of residence in health matters due to COVID-19, especially those related to the entry and exit of the country. In addition, it will be my responsibility to keep up to date with any new statements made in this regard.
2. I am informed of the regulations established by the Chilean government in health matters due to COVID-19, especially those related to the entry and exit of the country. In addition, it will be my responsibility to keep up to date with any new statements made in this subject.
3. I will purchase a health insurance with international coverage, valid throughout my entire stay in Chile, which must include coverage for accidents, illnesses, psychological and psychiatric consultations, hospitalization and repatriation, and the most frequent pathologies in the destination country (Chile), especially considering COVID- 19.
4. Finally, I declare that the decision of leaving my own country is my exclusive responsibility and interest and, in consequence, I release Universidad de los Andes regarding any natural event or contingency that occurs during my stay in Chile.

I issue this statement to be presented at Universidad de los Andes and for pertinent legal purposes.

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

\_\_\_\_\_  
Declarant's signature