

Coronavirus – COVID19 – Declaration

Family name, first name _____

Date of birth _____

Address _____

Phone number _____

E-Mail _____

Cause of appointment _____

I hereby confirm with my signature that I have no symptoms of the disease COVID19 (for example fever, sore throat, cough, cold, olfactory loss, ageusia, diarrhea)

I hereby confirm with my signature that I had no contact with a SARS-CoV-2 infected person in the last 14 days.

I hereby confirm with my signature that I was not in any risk area in the last 14 days.

Data protection: I agree with my signature that my data will be stored. This is required, if there will be a COVID19 positive tested person to identify liaisons. Your data will be deleted after four weeks.

Current Date Signature/ Signature parents (custodians)

Auszufüllen vom Gesundheitsamt (Will be filled in by the health department) :

Ankunft: _____ Uhr Handzeichen Mitarbeitender: _____

Verlassen des Amts: _____ Uhr Unterschrift Mitarbeitender _____