

**Health confirmation form
for regular operation under pandemic conditions in schools
in the State of Mecklenburg-Vorpommern
from 1 August 2020**

Name of school
Address of school (street, premises number, postcode, region)
First name, surname of student
Date of birth of student

I hereby **confirm** that, over the past 14 days, my child has not been in a coronavirus risk area as per the current definition provided by the Robert Koch Institute (view: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html).

If my child has returned from a coronavirus risk area (or a particularly affected area) in Germany and their quarantine period was reduced upon their return, I **confirm** that it was ended by the responsible health authority in accordance with the applicable regulations of the SARS-CoV-2 Quarantine Ordinance following two negative test results for the SARS-CoV-2 coronavirus (at intervals of about 5-7 days).

I have also been **informed** that my child is not allowed to enter the school if they:

- Show any symptoms valid with the coronavirus e.g. fever with a temperature of 38 °C or higher, coughing, disrupted sense of smell and/or taste, sniffing (only in combination with the aforementioned symptoms),
- Are in contact with a person who is infected with SARS-CoV-2, or
- Have had any contact with a person infected with SARS-CoV-2 in the past 14 days.

I **commit** to informing the school of

- Health problems present in my child, or
- If my child comes into close contact with a person who has tested positive (continuous facial contact with a person infected with SARS-CoV-2 for more than 15 minutes)

immediately as soon as I become aware of the same (obligation as per § 34 Parag. 5 Infection Protection Act).

You should consider consulting a doctor for clarification.

Date

Signature (legal guardian)