Health confirmation form
for regular schooling under pandemic conditions
of the State of Mecklenburg-Western Pomerania as of 2 August 2021

<table>
<thead>
<tr>
<th>Name of school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address of school (street, house number, postcode, town/city)</td>
</tr>
<tr>
<td>First name, surname of pupil</td>
</tr>
<tr>
<td>Date of birth of pupil</td>
</tr>
</tbody>
</table>

**Part A: Returning from holiday**

*In accordance with Section 7 of the 3rd School Corona Ordinance in conjunction with Sections 4 and 6 of the Ordinance on Coronavirus Entry Regulations, I declare with my signature that the above-named pupil:*

- has not been in a virus variant area in the past **14 days** (see classification of the Robert Koch Institute under [https://www.rki.de/covid-19-risikogebiete](https://www.rki.de/covid-19-risikogebiete)) or
- has not been in a risk area in the past **ten days** (see classification of the Robert Koch Institute under [https://www.rki.de/covid-19-risikogebiete](https://www.rki.de/covid-19-risikogebiete)) or
- has stayed in a risk area in the past **ten days** but is subject to one of the currently valid exemptions, or
- has not become subject to quarantine for other reasons.

________________________  __________________________
Date                                      Signature
(Parent / Guardian or Pupil, if aged 18 or above)