

Name: _____

Matriculation number: _____

Phone number: _____

E-mail: _____

Address: _____

Post Code: _____

I hereby confirm that I have not been in any of the countries, classified as a risk area by the Robert-Koch-Institute in the past 14 days and have had no contact with a person infected with the coronavirus (COVID-19).

I also give permission to use the given data to contact me if one of the people present turns out to be infected.

No student will be put at a disadvantage if he / she decides not to attend an event.'

Date: _____

Signature: _____