

Data entry form COVID-19

Event: _____

Room/lecture hall: _____

Date/time _____

Last name, name: _____

Matrikelnr.: _____

Telefon: _____

E-Mail: _____

Address: (currently available)

Street, house nr.: _____

PLZ: _____ Town: _____

I hereby confirm that I have not spent the last 14 days in any of the regions outside the Federal Republic of Germany currently classified as a risk area by the Robert Koch Institute. I am not aware that I have had personal contact with any person infected with the coronavirus (COVID 19). I have no symptoms of a respiratory disease that could be associated with a COVID 19 infection (fever, loss of taste, cough, etc.)

I confirm that I am aware of the applicable hygiene regulations and that I will adhere to these regulations.

Date: _____ Signature: _____

Information on data protection:

The collection of data is solely for containing the corona pandemic and to ensure the obligation to follow up contact in the event of a diagnosed infection. Documentation of attendance will be kept for a period of four weeks after the end of the event and handed over to the responsible authorities on request. At the end of the retention period, the attendance documentation is destroyed in accordance with data protection regulations