Gesundheitsbestätigung Grundschule – ENGLISCH

Confirmation of health primary school

Name of the School	
Last name and first name of the child	
Date of birth	
Grade	

I herewith confirm with my signature, that

- …the above mentioned child has not been in contact with an infected person during the last 14 days.
- …the above mentioned child as well as all the persons living together in one household don't have any COVID 19 symptoms (for example decrease of the sense of smell and taste, increased temperature or cough).
- …the school will be informed immediately when the above mentioned symptoms appear.
- …the above mentioned child will be picked up immediately when symptoms appear while he/she is in school respectively in the day-care center.

Date	**Signature parent or legal guardian**

Please note: Also for persons who are in contact with patients suffering from COVID 19 due to their profession it only matters that you are free from COVID 19 symptoms.