

## 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 am not aware of having had personal contact with a person infected with the coronavirus (COVID 19). I have no symptoms of respiratory illness that could be associated with COVID 19 infection (such as fever, loss of taste, cough, etc.).

I have demonstrated that (one of the following three items must be true)

- |  |     |    |
|--|-----|----|
| - I am fully vaccinated (14 days after second vaccination)   | yes | no |
| - I have completely recovered from a Corona infection (positive PCR test not less than 28 days and not more than six months old) | yes | no |
| - I have a daily negative rapid test   | yes | no |

Furthermore, 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 eight 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.