



Examination under corona conditions

Declaration of the examinee

I hereby declare

1. that I have no symptoms suggesting infection with COVID-19 (smell and taste disorders, fever, cough or sore throat),
2. that I have not been tested positive for COVID-19 in the past 14 days,
3. that I am currently not home quarantined and
4. that I am not in contact with a person infected with coronavirus unless more than 14 days have passed since the last contact.

Date: _____

Name, first name in block letters

Signature