



## Oral examination under corona conditions

### Declaration of the examinee

1. I hereby declare that I have no symptoms suggesting infection with COVID-19 (symptoms of COVID-19 include: cold, sore throat, aching limbs, fatigue, cough, headache, fever  $> 38^{\circ}\text{C}$ , chills, shortness of breath),
2. that I am no category I contact person (i.e., "close contact") of a **confirmed COVID-19 sufferer** and that I am currently not home quarantined,
3. and that I have not been tested positive for COVID-19 in the past three weeks.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name, first name in block letters

\_\_\_\_\_  
Signature