

**Health confirmation form
for regular operation under pandemic conditions in schools
for the state of Mecklenburg-Western Pomerania
from September 15, 2020**

Name of the school
School address (street, house number, post code, city)
First name, last name of the pupil
Date of birth of the pupil

Section A: Returners

With my signature, I **declare** that in accordance with the applicable regulation of the SARS-CoV-2 quarantine regulation the above-mentioned pupil for the past 14 days has not:

- been in a corona risk area according to the current definition of the Robert Koch Institute (see under: https://www.rki.de/EN/Home/homepage_node.html) or
- entered Mecklenburg-Western Pomerania from a district or an independent city or has his/her place of residence in which, according to the publication of the Robert Koch Institute, the number of new infections per 100,000 inhabitants has been higher than 50 in the last seven days before entry (see under: <https://www.lagus.mv-regierung.de/Gesundheit/InfektionsschutzPraevention/Daten-Corona-Pandemie>).

With my signature I **confirm** that I am aware that 14 days after returning from a corona risk area or a particularly affected area in Germany according to § 1 paragraph 1 sentence 3 in conjunction with Section 1, Paragraph 1, Clause 1, Paragraph 5 of the SARS-CoV-2 Quarantine Ordinance it is not permissible to enter schools. I am also **aware**, that in accordance with Section 1 (1) Clause 4 of the SARS-CoV-2 Quarantine Ordinance, I am obliged to present this declaration to the school without delay and that the fine provisions of Section 4 SARS-CoV-2 Quarantine Ordinance apply.

If the above-mentioned pupil has returned from a corona risk area or a particularly affected area in Germany and the quarantine was shortened after return, I **confirm** that this has been terminated by the responsible health department in accordance with the regulations of the SARS-CoV-2 quarantine regulation in the currently valid version.

Date

Signature
(Legal guardian or adult pupil)

Section B: Health certification

I have been **informed** that the plan for infection control and hygiene measures for schools in Mecklenburg-Western Pomerania (hygiene plan for SARS-CoV-2) provides, that if symptoms occur which are compatible with COVID-19, people are not allowed to enter the school.

This affects people if they:

- have symptoms that are compatible with Corona, e.g. they have a fever with a temperature of 38° C or higher, a cough, an impairment of the sense of smell and / or taste, a runny nose (only in conjunction with the aforementioned symptoms),

or they know that they

- are in contact with a person infected with SARS-CoV-2
- have had contact with a SARS-CoV-2 infected person in the past 14 days.

Furthermore, I have been **informed** that in accordance with section 8 of the General Decree of the Ministry of Economy, Labour and Health in accordance with the Ministry of Education, Science and Culture and the Ministry of Energy, Infrastructure and Digitization and Technical Supervisory and Service Instructions from the Ministry of Education, Science and Culture in order to contain the respiratory diseases COVID-19 / transmission of SARS-CoV-2, there is an obligation when visiting schools to report to the school immediately if the above-mentioned pupil has had contact with a person who has been shown to have tested positive for SARS-CoV-2 (more than 15 consecutive minutes of facial contact with a person infected with SARS CoV-2).

I **declare** with my signature,

- that the above mentioned pupil has no health impairments and
- contact between the above-mentioned pupil and a person who has been shown to have tested positive for SARS-CoV-2 (more than 15 minutes of facial contact with a person infected with SARS CoV-2) did not take place in the past 14 days to my knowledge.

Date

Signature

(Legal guardian or adult pupil)