Declaration of the absence of a suspected coronavirus infection when participating in an on-site test at the University of Freiburg

We ask you to fill out this form to protect the health of your fellow examination candidates and supervisory staff. If you are unable to sign the form because you are suspected of being infected with the coronavirus, please exercise your right to withdraw from the examination. In accordance with the regulations in the study and examination regulations, the application for permission to withdraw from the examination must be submitted to the responsible office without delay and with appropriate proof.

First and last name
Matriculation number

Course of study
Exam subject

Exam date
Appointed exam time

I hereby confirm to the best of my knowledge that I

1. do not feel any symptoms that are signs of an infection with the coronavirus (these include in particular fever and dry cough, but may also indicate an infection, for example a cold, shortness of breath, sore throat and limbs, tiredness and chills) and for which there are no other explanations

2. have not tested positive for the coronavirus in the past 14 days

3. am not under an officially authorized quarantine

4. have not had close contact with a person proven to be infected with the coronavirus within the last 14 days

I am aware that according to § 7 of the regulation of the state government on infection-protective measures against the spread of the virus SARS-Cov-2 (Corona regulation - CoronaVO), a ban on entering the University applies to persons who have had contact with infected persons in the last 14 days,
have symptoms of a respiratory tract infection or increased temperature. A breach of the ban on entering the premises constitutes an administrative offense in accordance with § 9 No. 13 CoronaVO, which can be punished by a fine.

Furthermore, I am aware that the violation of an officially ordered quarantine according to §§ 75 paragraph 1 number 1, 30 paragraph 1 of the Infection Protection Act is punishable with imprisonment for up to two years or with a fine.

____________________________________  ________________________________
Date and location                              Signature

Note on data protection: This form will be kept for one month at the respective University office for the purpose of contact tracing when deemed necessary and destroyed afterwards. Access to this form will only be granted to the responsible University employees, in so far as this is necessary for the performance of their official duties. If you have any questions about data protection and your rights under the GDPR, please contact datenschutz@uni-freiburg.