



## Declaration of absence of suspicion of coronavirus infection when attending a face-to-face course or event

Please complete this form to protect the health of other participants and trainers/speakers. If you are unable to sign the form because one of the circumstances listed below, which give rise to the suspicion of a possible infection with the coronavirus, has occurred in your case, please make use of your right to withdraw.

*Please complete legibly*

Event/course: \_\_\_\_\_

Venue: \_\_\_\_\_

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

Period of presence  
(from – to): \_\_\_\_\_

First name, last name: \_\_\_\_\_

Clinic/department: \_\_\_\_\_

E-mail address: \_\_\_\_\_

The SARS-CoV-2 University Hygiene Regulations of the University of Freiburg (<https://www.uni-freiburg.de/universitaet-en/corona/official-announcements/General-SARS-CoV-2-Hygiene-Regulations.pdf>) as well as the Ordinance of the State Government on infection-protective measures against the spread of the SARS-CoV-2 virus (Corona Ordinance - CoronaVO, <https://www.baden-wuerttemberg.de/de/service/aktuelle-infos-zu-corona/aktuelle-corona-verordnung-des-landes-baden-wuerttemberg/>) apply.

## Declaration

I hereby confirm, to the best of my knowledge, that I

1. do not feel any symptoms that are signs of infection with the coronavirus (these include, in particular, fever and dry cough, which may be indicative of an infection but also, for example, a cold, shortness of breath, sore throat, limb pain, fatigue and chills) and cannot be explained in any other way,
2. have not been tested positive for coronavirus within the previous 14 days,
3. am not under an officially ordered quarantine, and
4. have not had close contact with a person proven to be infected with the coronavirus within the last 14 days.

I hereby confirm by my signature that I have read and understood the contents of this information, both in terms of language and content. I can address any open questions to [forschungsdekanat@uniklinik-freiburg.de](mailto:forschungsdekanat@uniklinik-freiburg.de).

I declare that I have taken note of the SARS-CoV-2 University Hygiene Regulations of the University of Freiburg and will comply with the rules and instructions on site. I understand that not adhering to these rules can lead to exclusion from the event.

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Place and date

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Signature

Please complete all fields (also on the previous page!), print out the declaration, sign it and bring it with you to the event. If you do not have a printer, you will have to fill in and sign this declaration on site. Please bring your own pen for this purpose.

### Information on data protection

This form will be stored for a period of one month at the responsible office of the University and then be destroyed. Internal recipients of the data are exclusively those employees of the University of Freiburg who process the data in the course of their duties. The contact data must be provided to the competent authority upon request in the event it is necessary to trace possible infection chains. If you have any questions about data protection and your rights according to the DSGVO, please contact [datenschutz@uni-freiburg.de](mailto:datenschutz@uni-freiburg.de).

