

Confirmation of health May 2020

name of school	
family name, first name of child date of birth grade	

I hereby confirm with my signature that the child mentioned above as well as all people living in the household do not have any symptoms of Covid-19 (e.g. increased temperature, sore throat, cough, running nose, taste or smell impairment, diarrhoea), (cf. general decree of regulating the works of day-care facilities for children and schools in connection with combating the SARS-CoV-1 pandemic, point 3.5.1).

date	signature of a parent/ legal person having care and custody of this child	date	signature of a parent/ legal person having care and custody of this child
18.05.2020		30.05.2020	
19.05.2020		31.05.2020	
20.05.2020			
21.05.2020			
22.05.2020			
23.05.2020			
24.05.2020			
25.05.2020			
26.05.2020			
27.05.2020			
28.05.2020			
29.05.2020			

To clarify: Even for people who have contact with Covid-19 patient due to their profession, being free of the Covid-19 symptoms is very important.

Confirmation of health June 2020

name of school	
family name, first name of child	
date of birth	
grade	

I hereby confirm with my signature that the child mentioned above as well as all people living in the household do not have any symptoms of Covid-19 (e.g. increased temperature, sore throat, cough, running nose, taste or smell impairment, diarrhoea), (cf. general decree of regulating the works of day-care facilities for children and schools in connection with combating the SARS-CoV-1 pandemic, point 3.5.1).

date	signature of a parent/ legal person having care and custody of this child	date	signature of a parent/ legal person having care and custody of this child
01.06.2020		16.06.2020	
02.06.2020		17.06.2020	
03.06.2020		18.06.2020	
04.06.2020		19.06.2020	
05.06.2020		20.06.2020	
06.06.2020		21.06.2020	
07.06.2020		22.06.2020	
08.06.2020		23.06.2020	
09.06.2020		24.06.2020	
10.06.2020		25.06.2020	
11.06.2020		26.06.2020	
12.06.2020		27.06.2020	
13.06.2020		28.06.2020	
14.06.2020		29.06.2020	
15.06.2020		30.06.2020	

To clarify: Even for people who have contact with Covid-19 patient due to their profession, being free of the Covid-19 symptoms is very important.

Confirmation of health July 2020

name of school	
family name, first name of child date of birth grade	

I hereby confirm with my signature that the child mentioned above as well as all people living in the household do not have any symptoms of Covid-19 (e.g. increased temperature, sore throat, cough, running nose, taste or smell impairment, diarrhoea), (cf. general decree of regulating the works of day-care facilities for children and schools in connection with combating the SARS-CoV-1 pandemic, point 3.5.1).

date	signature of a parent/ legal person having care and custody of this child	date	signature of a parent/ legal person having care and custody of this child
01.07.2020		13.07.2020	
02.07.2020		14.07.2020	
03.07.2020		15.07.2020	
04.07.2020		16.07.2020	
05.07.2020		17.07.2020	
06.07.2020		18.07.2020	
07.07.2020		19.07.2020	
08.07.2020			
09.07.2020			
10.07.2020			
11.07.2020			
12.07.2020			

To clarify: Even for people who have contact with Covid-19 patient due to their profession, being free of the Covid-19 symptoms is very important.