

**Pandemic Health Confirmation Form for Entry onto  
the Premises of the Rostock University of Music and  
Drama required as of August 17<sup>th</sup>, 2020**

In order to enter the premises of the Rostock University of Music and Drama  
this certificate must be presented to the staff at the entry.



*Corona risk areas  
from RKI*

Name : \_\_\_\_\_

With my signature, I **confirm** that in the last 14 days I have not been in a Corona risk area in accordance with the current definition from the Robert Koch Institute (see: [https://www.rki.de/DE/Content/InfAZ/N/Neuartiges\\_Coronavirus/Risikogebiete\\_neu.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html)), also available using the QR Code above.

If I have returned from a Corona Risk Area or a particularly affected area in Germany and the quarantine has been shortened upon return, I **confirm** that it has been terminated by the competent health authority (Gesundheitsamt) in accordance with the applicable regulations of the SARS-CoV-2 Quarantine Ordinance after two negative test results for the coronavirus SARS-CoV-2 (approximately 5 to 7 days apart).

Furthermore, I am **informed** that it is not allowed to enter the premises when I meet any of the following conditions:

- symptoms to be compatible with corona, e.g. fever with temperature above 38°C, coughing, new loss of the sense of smell and/or taste, congestion or runny nose (in combination with the aforementioned symptoms),
- in contact with a person infected with SARS-CoV-2, or
- had contact with a SARS-CoV-2 infected person in the past 14 days.

**I agree to report any of the following:**

- changes in my health related to SARS-CoV-2 symptoms or
- close contact with a positively tested person (related to more than 15 minutes of facial contact with a person infected with SARS-CoV-2) or
- being required to enter quarantine due to SARS-CoV-2

immediately to the [krisenstab@hmt-rostock.de](mailto:krisenstab@hmt-rostock.de) (Emergency Team) under obligation of Section 34 (5) of the Infection Protection Act.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature