



Declaration to stem the spread of COVID-19

1. Have you been in contact with people with flu-like symptoms such as a sore throat, cough, fever or impaired sense of smell or taste within the past 14 days?

yes no

2. Have you had flu-like symptoms such as sore throat, cough, fever or impaired sense of smell or taste within the past 14 days?

yes no

3. Have you been in a risk area within the past 14 days? Or have you been in contact with a person who has been in a risk area within the past 14 days?

yes no

Name in block letters

Signature

Place, Date

