

Health confirmation



Nursery School	
Name of child	
Date of birth	
Group	

I hereby confirm with my signature that

- the child mentioned above has not had any contact with any person with Covid-19 disease,
- the above-mentioned child and the people living in the household show no symptoms of Covid-19 disease (e.g., loss of taste and smell, increased temperature, cough),
- you will inform the nursery school immediately if the above-mentioned symptoms appear,
- the above child will be picked up immediately if signs of illness appear during the care.

Date

Signature

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Note: This means for people who have professional contact with Covid 19 patients that they have to be free from symptoms of Covid-19 disease.