



Self-report on COVID 19 contact risk and symptom evaluation

Please present this self-report together with your negative COVID-19 test result or your vaccination card or certificate of recovery. Without these two documents, you will be denied access to the graduation ceremony.

Personal information

Last name	
First name	
Address	
E-Mail	
Phone number	

I hereby confirm that I have not had any of the following symptoms within the last 48 hours:

- Fever
- Cough
- Sore throat
- Loss of smell and taste

Furthermore, I confirm that I have had no direct contact with a person tested positive to COVID-19 within the last two weeks.

I hereby certify that the information provided is true and correct to the best of my knowledge.

This document will be kept by SRH Heidelberg UAS for four weeks from the date of issue and then deleted in accordance with data protection regulations. Data protection office at SRH Heidelberg UAS: datenschutz.hshd@srh.de

Place, date:

Signature: