

Health Certificate Child Care Facility

Name of institution	Kinderhaus of the Studierendenwerk Mannheim
Last name, first name of the child	
Date of birth	

With my signature I confirm that

- the abovementioned child was not in contact with an infected person in the last 14 days,
- the abovementioned child and all persons living in the same household do not show any symptoms of COVID-19 (i.e. impaired smelling and taste, increased body temperature, coughing),
- the institution will be informed immediately if any of those symptoms arise,
- the abovementioned child will be picked up immediately if it shows any symptoms while it is at the child care facility.

Date	Signature of Parent/legal guardian

Please note: It is absolutely necessary that persons working with COVID-19 patients do not show any symptoms of the disease.