



Attendance Record

This verification applies to the facilities of Riesenbeck International/ Hörstel according to the regulations from German Infection Protection (Act §6-12 IfSG) on the occasion of Corona / Covid 19.

The information is required to enter the enclosed facilities.

Name: _____

Address: _____

Function: _____

Mail: _____

Phone: _____

I authorize the submission and storage of my data to the responsible health authorities as proof of possible infection routes.

The transfer of data to third parties is expressly prohibited.

I commit myself, to comply with the published and posted disinfection protection measures, distance rules and provisions on face masks.

I declare that I don't have any symptoms that are typical of Coronavirus infection.

Signature

Place/Date