

Health Declaration Form

Gesundheitsamt der Stadt Darmstadt und des
Landkreises Darmstadt-Dieburg

Please complete the Health Declaration form ensuring each section is fully completed.

Visitor

Full Name _____

Date of birth _____

Full address _____

Phone _____

I will be accompanied by

Full Name _____

Date of birth _____

Full address _____

Phone _____

I hereby declare that the information provided is true and complete to my best knowledge.

I declare that myself and the accompanying person have had no signs of infection regarding Covid-19, nor did we have contact to a person infected with Covid- 19 in the past 14 days.

Date

Signature

The Health declaration Form is mandatory and will be collected and stored for 4 weeks regarding the German Law on Prevention and Control of Infectious Diseases, §16 due to Covid-19. In case of a verified Infection with Covid-19 the information provided above will be used for investigation of persons of contact only.