

Daycare center:	
(Name of the facility)	
First and last name of the child:	
Please send the filled out form via e-mail to $\underline{\mathbf{c}}$	orona-info@obermayr.com or hand it in personally at the
facility.	
Notification of the return from a trave	l trip (parents) valid from November 8th, 2020
	trip (parents) valid from November 8th, 2020
Date of entry	
from the holiday country	
Entry from the following country	
(Please state the exact region)	
Form of address, first and last name	
Date of birth	
Registration address	
Phone number	
E-Mail address	
I hereby confirm that I have no symptoms of	
COVID-19.	○ Yes
Only required if returning from a risk area	
www.rki.de/DE/Content/InfAZ Immediately after entering the country, I / we	/N/Neuartiges Coronavirus/Risikogebiete neu.html
went into quarantine at home for at least 5	Over
days	O Yes
Please state your whereabouts during the	
quarantine if it differs from your registered	
address	
The negative test result, determined after the	
5th day of home quarantine, I / we are	○ Yes
attaching to this form	
I hereby confirm that the above information is truthful and complete:	
Place, date	Signature
i idoc, date	Signature

According to the regulation of the state government of Hesse on the transition to the corona protection measures in conjunction with Art. 6 para. 1 lit. c DS-GVO, we have to collect this personal data and send it to the health authority on request if there is a suspicion that an infection with Covid-19 has occurred in connection with the visit to our facility / school. We may not use this personal data for any other purpose, in particular not for advertising purposes.