

**Daycare center:** \_\_\_\_\_  
 (Name of the facility)

**First and last name of the child:** \_\_\_\_\_

Please send the filled out form via e-mail to [corona-info@obermayr.com](mailto:corona-info@obermayr.com) or hand it in personally at the facility.

**Notification of the return from a travel trip (parents) valid from March 8th, 2021**

|  |                                  |
|--|----------------------------------|
| <b>Date of entry from the holiday country</b>  |                                  |
| <b>Entry from the following country</b><br>(Please state the exact region)   |                                  |
| <b>Form of address, first and last name</b>  |                                  |
| <b>Date of birth</b>   |                                  |
| <b>Registration address</b>  |                                  |
| <b>Phone number</b>  |                                  |
| <b>E-Mail address</b>  |                                  |
| <b>I hereby confirm that I have no symptoms of COVID-19.</b>   | <input type="radio"/> <b>Yes</b> |
| <b>Only required if returning from a risk area</b><br><a href="http://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html">www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html</a> |                                  |
| <b>Immediately after entering the country, I / we went into quarantine at home for at least 5 days</b>   | <input type="radio"/> <b>Yes</b> |
| <b>The negative test result, determined after the 5th day of home quarantine, I / we are attaching to this form</b>  | <input type="radio"/> <b>Yes</b> |
| <b>In the case of entry from a virus variant area: Immediately after entering the country, I/we went into quarantine at home for at least 14 days</b>  | <input type="radio"/> <b>Yes</b> |
| <b>Please state your whereabouts during the quarantine if it differs from your registered address</b>  |                                  |

I hereby confirm that the above information is truthful and complete:

\_\_\_\_\_  
 Place, date Signature