

Appendix to the exam sheet

Information in accordance with Section 2 (4) of the 7th SARS-CoV-2-EindV dated June 30, 2020

First and last name: _____

Matriculation number: _____

Telephone number: _____

Seat number (if available): _____

I have noticeable symptoms of COVID-19 or any cold symptoms. Symptoms that are based on chronic diseases certified by a doctor (hay fever and other allergies etc.) are excluded.	Yes [] No []
I have had contact with someone who has returned from abroad in the past 14 days and is subject to quarantine restrictions after returning.	Yes [] No []
I have had contact with infected people within the past 14 days.	Yes [] No []

With my signature I confirm the accuracy of the above information. I am aware that I can not take the exam if I answer "yes" to any of the above questions. I have taken note of the data privacy information below.

Magdeburg, (date)

signature

Data privacy notice

This self-disclosure and the personal data entered there are only kept in the Faculty of Computer Science of the OVGU and only in paper form (no electronic storage).

Further data processing will only take place if within four weeks after submitting the declaration, it is determined that the student or one of his / her contact persons in the university buildings has been tested positively for COVID-19. In this case, the personal data will be used to identify possible contact persons. In this case, the data will also be passed on to the local health authorities.

The data collection, data storage and possibly data use therefore only serve the health protection of students and possible contact persons.

The data will be destroyed at the latest six weeks after submission of the declaration in the Faculty of Computer Science at the OVGU.