

Declaration Form

Proof of negative SARS-CoV-2 test for the participation in classes with physical attendance

Last Name:

First Name:

E-mail:

I hereby certify that I will take a valid test for SARS-CoV-2 on at least two non-consecutive days per week throughout the duration of my classes with physical attendance at speakeasy Berlin.

I am aware that my participation in classes with physical attendance at speakeasy Berlin is only permitted with a negative SARS-CoV-2 test result. I hereby agree to provide evidence of the negative test results upon request.

FOR THOSE WHO ARE VACCINATED OR HAVE ALREADY RECOVERED FROM SARS-CoV-2: I hereby confirm that I have already been vaccinated or recovered from SARS-CoV-2 according to the currently applicable Berlin vaccine protection regulation (*„Infektionsschutzmaßnahmenverordnung“*) and am therefore not required to take tests for SARS-CoV-2. I undertake to provide the corresponding documents of proof.

Place, Date

Signature