



A. Self-Declaration (Protection against Infection) and Offer of Occupational Medical Assistance

First name: _____

Last name: _____

Date of birth: _____

Company: _____

1. Declaration of the Person:

- I belong to a particularly vulnerable group.
 - I accept the offer for occupational medical assistance "infection protection".
 - I decline the offer for occupational medical assistance "infection protection".
 - I submit appropriate proof of any necessary change of activity by my treating specialist or family doctor.
- I do not belong to a particular risk group.

B. Data Protection Declaration (Infection Protection)

1. Content of the Declaration

The person mentioned above agrees to the following conditions:

- (1) The information collected through the self-declaration and any medical evidence available (personal and special personal data) will be used exclusively for the stated purpose of any necessary adjustment of the contractually agreed activities or for adjustments to individually agreed protective measures.
- (2) The parties involved in the processing and storage of data for a specific purpose are obliged to maintain data secrecy and will use these data only within the legally prescribed framework as follows:
 - a. voluntary health information as well as medical information or medical diagnoses shared in a personal conversation are processed exclusively for the intended purpose and are not stored or passed on for other purposes
 - b. Changes in the course of activities as well as the course of work trials and of measures for a gradual resumption of the originally contractually agreed activities shall be documented exclusively for a specific purpose
 - c. a transfer of the data to third parties is not permitted and can therefore only take place with the prior consent of the person concerned (1.1)
- (3) Any other use, processing, transfer or storage of the special personal data of this self-declaration or other personal data collected for the fulfilment of the purpose is

not permitted. The data will be deleted after the purpose has been fulfilled in accordance with the applicable regulations.

2. Declaration to this Agreement

I declare that I have been adequately and comprehensibly informed about the conditions of this declaration. Furthermore, I am aware that any information I provide is voluntary and that I have access to all documents concerning me. I declare that I agree to the appropriate use of the self-declaration.

Signature for the self-declaration and privacy statement:

Place, date

Employee