

# SARS-CoV-2 Testing

## Declaration custodians of minors

(Personal data of the minor. **Please fill in legibly** in block letters)

I hereby declare that I, \_\_\_\_\_  
(Name of person with custody, printed letters, recipient of results)

I **agree with** the **SARS-CoV-2 testing** on my daughter/ son.

"I have also been informed in accordance with Art. 13, 14 DSGVO that in the event that the SARS-CoV-2 test on my daughter/son is positive, the LMU Klinikum is obliged to transmit the following personal data from her/him to the Public Health Authorities of the City of Munich.

**Name, first name:** \_\_\_\_\_  
**(Minor)**

**Date of birth:** \_\_\_\_\_  
**(Minor)**

**Street, house number:** \_\_\_\_\_  
**(Minor)**

**Postcode, place:** \_\_\_\_\_  
**(Minor)**

**Mobile phone number:** \_\_\_\_\_  
**(Custodian)**

**Address:** \_\_\_\_\_  
**(Person with custody in case of deviation from address of the minor)**

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

\_\_\_\_\_  
Signature of custodian

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

\_\_\_\_\_  
Signature of second custodian in case of joint custody