



CONFIRMATION

INSPECTION OF THE 2G/3G CERTIFICATES OF ALL ATTENDEES OF AN ON-CAMPUS EVENT AS PART OF DEGREE-RELATED ACTIVITIES

Lecturer's name _____

Name of the event _____

Venue _____

Date _____

Time _____

Compliance with the following applicable rule was verified:

2G 3G

Valid certificates were presented by all attendees:

Yes No

If "No", number of attendees without certificate _____

Other things of note

I confirm that I have checked all attendees of the aforementioned on-campus event for a valid certificate of vaccination, recovery or a negative test result. Attendees without a valid certificate were asked to leave the room.

Place, date

Signature

This confirmation will be kept in a central location at each faculty in the event of an inspection by the authorities.