

COVID-19

Rapid antigenic self-testing system organized by the Secondary school (*students aged 18 years*)

Declaration of participation

I, the undersigned *

Surname, Name _____

Telephone number _____

E-mail _____

Birthdate of the pupil _____

Class attended _____

- Commit myself to participate in the school's self-testing programme.
- commit myself, following a positive result at the school:
 - to leave the school immediately and place myself immediately in **self-isolation**
 - declare my positive result on <https://covidtracing.public.lu/form/selftest>
 - inform the school by email: MAM-COVID19-PUPIL-REPORT@eursc.eu

see national instructions on <https://covid19.public.lu/fr/testing.html>

- commit myself to communicate and share information and documents relating to my possible **quarantine** or **isolation** via the following e-mail address:

MAM-COVID19-PUPIL-REPORT@eursc.eu

Done at/in _____ the _____

Signature _____

By submitting this form, you agree that your data may be processed in accordance with the procedure indicated.

The European School of Luxembourg II ensures compliance with legal rules on the protection of personal data, including the General Data Protection Regulation (GDPR) in particular.

For any questions relating to the processing of this data and / or in order to exercise your rights, you can contact our Data Protection Officer (DPO) by email: MAM-DPO-CORRESPONDENT@eursc.eu

**Please complete all the information requested.*