**Dokumentation der 3G-Regel am Arbeitsplatz**

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| **Arbeitgeber/-in** | | |
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| **Unternehmen** |  | **Firmenstempel** |
| **Anschrift** |  |
| **Telefon** |  |
| **E-Mail** |  |

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| **Mitarbeiter/-in** | | | |
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|  |  | **Geimpft** | **Genesen** |
| **Vor- und Nachname** |  | 1. Impfung am: | Gültig ab: |
|  |  |
| **Personalnummer** |  | 2. Impfung am: | Gültig bis: |
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|  |  | 3. Impfung am: |  |
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| **Getestet** | | | |
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| **Datum** | **Testverfahren** | **Ergebnis** | **Unterschrift Mitarbeiter/in** |
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