



Course on Handling Foodstuffs

Certain contagious diseases can be transferred to other people via foodstuffs. The German Protection against Infection Act therefore stipulates provisions for minimising the risk of this transmission path.

We can provide the statutory oral and written courses for handling foodstuffs according to the German Protection against Infection Act. Among others, which symptoms prevent you from handling any foodstuffs by law. In order to receive certification, you have to declare in writing after the course that you are not aware of any signs or conditions preventing you from exercising your activities.

Place/time of the course:

Local Health authority of Wittenberg County
Breitscheidstraße 4
06886 Lutherstadt Wittenberg

Access is allowed no earlier than 10 minutes before your appointment. Please be on time. If you do not manage to attend, please cancel in advance.

What to bring along:

- Your ID (alternatively student card or passport)
- Completed "**Personal Information**" form
- Persons without German citizenship: valid work permit
- People with insufficient German language knowledge: an interpreter is mandatory (can also be friends/acquaintances)
- Persons below the age of 18: escorted by a person with parental authority OR a **power of authority**

Fees:

€28.20 (payment in cash/EC card)

The fee is waived for persons wishing to complete a voluntary year of social service or German federal year of voluntary service. Upon providing a suitable proof, the course will be free of charge.

Appointment:

[LINK ZUR TERMINVEREINBARUNG](#)

We offer the courses in the following languages: German, English, Spanish, Polish, Turkish, Romanian, Russian, Bulgarian, Arabic, and Farsi. Please only book appointments in the relevant language.

Important notices:

Please do not attend the course if you suffer from ANY symptoms such as cough, fever, shivering, loss of smell/taste, nausea, diarrhoea, or any signs of acute diseases.

Legal basis:

§ 43 Para. 1 No. 2 of the Infection Protection Act



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Personal information

Name: _____ **Vorname:** _____
(Surname) (Name)

Geburtsdatum: _____
(Birth date)

Straße, Hausnummer: _____
(Street, Number)

PLZ, Ort: _____
(Post Code, Town)

Telefon: _____ **E-Mail:** _____
(Phone) (Email)

Tätigkeit: _____
(Profession)

Arbeitsstelle: _____
(Position)

Bitte Ankreuzen!
(Please mark with a cross!)

Haben Sie Hauterkrankungen an Händen oder Unterarmen? ja nein
(Are you suffering from any skin conditions on hands or lower arms?) (yes) (no)
wenn ja, welche: _____
(If yes, which ones)

Hatten Sie bereits eine ansteckende Gelbsucht (Hepatitis)? ja nein
(Have you ever been infected with contagious jaundice (hepatitis)?) (yes) (no)
wenn ja, welche: _____
(If yes, which ones)

Hatten Sie schon einmal eine Durchfallerkrankung mit Erregernachweis? ja nein
(Have you ever had diarrhoea with pathogen detection?) (yes) (no)
(beispielsweise Salmonellen, EHEC)
(such as Salmonella, EHEC)

Hatten Sie in den letzten 4 Wochen Durchfall, Fieber oder Erbrechen? ja nein
(In the recent 4 weeks, have you had diarrhoea, fever or nausea?) (yes) (no)
wenn ja, was: _____
(If yes, which one)

Sonstige Bemerkungen: _____
(Other remarks)



**Erklärung gemäß Infektionsschutzgesetz §43
(Declaration pursuant to § 43 Para. 1 No. 2 of the Infection Protection Act)**

Ich erkläre hiermit, dass ich gemäß § 43 Abs.1 Infektionsschutzgesetz mündlich und schriftlich aufgeklärt wurde und dass bei mir keine Tatsachen für ein Tätigkeitsverbot bekannt sind.
(I hereby declare that I have been informed verbally and in writing in accordance with § 43 Para. 1 of the Infection Protection Act and that to my knowledge there are no circumstances to disqualify me from working.)

Datum und Unterschrift des Belehrten:
(Date, Signature)
