

# Soccer/Tennis Spieler 3G-Nachweis



Datum: \_\_\_\_\_

Uhrzeit: \_\_\_\_\_

Platz: \_\_\_\_\_

| Mit-<br>spieler | Nachname | Vorname | Telefon-Nr. | <i>geimpft*</i> | <i>genesen*</i> | <i>getestet*</i> | <i>MA*</i> | <i>Sonstiges</i> |
|-----------------|----------|---------|-------------|-----------------|-----------------|------------------|------------|------------------|
| 1               |          |         |             |                 |                 |                  |            |                  |
| 2               |          |         |             |                 |                 |                  |            |                  |
| 3               |          |         |             |                 |                 |                  |            |                  |
| 4               |          |         |             |                 |                 |                  |            |                  |
| 5               |          |         |             |                 |                 |                  |            |                  |
| 6               |          |         |             |                 |                 |                  |            |                  |
| 7               |          |         |             |                 |                 |                  |            |                  |
| 8               |          |         |             |                 |                 |                  |            |                  |
| 9               |          |         |             |                 |                 |                  |            |                  |
| 10              |          |         |             |                 |                 |                  |            |                  |
| 11              |          |         |             |                 |                 |                  |            |                  |
| 12              |          |         |             |                 |                 |                  |            |                  |
| 13              |          |         |             |                 |                 |                  |            |                  |
| 14              |          |         |             |                 |                 |                  |            |                  |
| 15              |          |         |             |                 |                 |                  |            |                  |
| 16              |          |         |             |                 |                 |                  |            |                  |
| 17              |          |         |             |                 |                 |                  |            |                  |
| 18              |          |         |             |                 |                 |                  |            |                  |
| 19              |          |         |             |                 |                 |                  |            |                  |
| 20              |          |         |             |                 |                 |                  |            |                  |

Unterschrift Mitarbeiter \_\_\_\_\_

Felder mit \* sind vom Topfit auszufüllen