**Liste zur Sicherstellung der Rückverfolgbarkeit**

Datum: Uhrzeit:

Spiel/Training: Trainerin/Trainer, Übungsleiterin/Übungsleiter:

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| Name | Vorname | Genesen | Geimpft | Negativ getestet | Unterschrift |
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**Alle Spieler\*innen sowie Vereinsverantwortliche haben sich einzutragen**!