

12. Oktober 2020



EN – Declaration on COVID-19

Name

First Name

Company

Phone

| | Yes  | No  |
|--|--|---|
| Do you have symptoms that indicate COVID-19 (especially fever, dry cough or shortness of breath)? | | |
| Did you had close contact (less than 1.5 meters) with people who tested positive for COVID-19 in the past 14 days? | | |
| Have you been in a domestic or foreign corona risk area within the past 14 days? | | |
| If so, please specify the area ... | | |

I hereby confirm the accuracy of my information and that I have received and taken note of the "Information for visitors to the company premises".

Signature

Date
