Dear visitor,

Please help us spread the COVID disease by providing the following information on possible symptoms, contact persons etc.

**Event: ESMO Exam, Sept. 18, 2021**

**Check-in:** ………………………h **Check-out:** ………………………h

**Personal Data**

Name, First Name: …………………………………………………………………………………………………….

Phone: …………………………………………………..…

Address:

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| **Please answer the following questions:**  |
| 1) Do you experience acute symptoms (e.g. dry cough, fever, problems with your sense of smell and/or taste)?  | Yes ☐ No ☐  |
| 2) In the last 14 days, have you been in contact with a person who has been diagnosed with COVID-19 within the last 4 weeks and/or has a quarantine been declared because of contact to an infected person?  | Yes ☐ No ☐  |
| 3) Are you currently quarantined because of an acute infection with COVID-19?  | Yes ☐ No ☐  |
| 4) Have you fallen ill with COVID-19 within the last 4 weeks?  | Yes ☐ No ☐  |
| 5) Are you currently quarantined because you spent time in a risk area, high-incidence area or area of variants of concern as defined by the RKI ?  | Yes ☐ No ☐  |

**If any of the answers is „Yes“, access to our locations will not be permitted.**

Signature: ………………………………………………….…………..…