



Self-declaration for external visitors

This registration form must be completed by all persons before visiting the company premises. It will be kept for at least 4 weeks and, if requested, forwarded to the responsible health department so that you can be reached in the event of a possible infection. Please help us ensure the health and safety of all visitors.

PLEASE COMPLETE IN CAPITAL LETTERS.

Full Name _____

Address _____

Region _____

Phone no. _____

Date _____

Time of Arrival _____ **Time of Departure** _____

Self-assessment (please tick as appropriate)

1. Do you have flu-like symptoms associated with a fever and / or cough?
Yes No
2. In the past 14 days, have you had any contact * with a confirmed / suspected CoVid19 patient?
Yes No
3. In the past 14 days, have you been abroad / in a domestic region that was classified as a risk area?
Yes No

If so, please specify the country / region concerned: _____

With my signature I confirm that the information given above is true and correct.

Date / Signature

** Close contact refers to prolonged, unprotected exposure within 2 meters for a period of 15 minutes or more. A suspected CoVid19 patient is considered to be any person who shows symptoms and has made contact in accordance with question 2 or question 3.*

LD LÜDERS & PARTNER

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