

Self-disclosure

to the entry in the visitor's book of the Fraunhofer Institute for Nondestructive Testing IZFP including knowledge of the conditions of access. Our data protection information is available for you at the check-in.

Name & Last Name

Employer

Date of visit

Time of the visit

Purpose of the visit
and contact person
in the institute

Phone number*

E-mail address*

Mailing address*

* At least one of the above contact options must be completed!

Note: The relevant COVID-19 risk countries and regions can be found at the following link of the Robert Koch Institute:

[https://www.rki.de/DE/Content/InfAZ/N/Neuartiges Coronavirus/Risikogebiete neu.html](https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Risikogebiete_neu.html)

Have you returned from a COVID 19 risk country
within the past 14 days?

No

Yes

Do you have a current negative Corona test
available (not older than 24 hours)?

No

Yes

Are you vaccinated against the Corona virus? —

No

Yes, completely (first and second vaccination)

Yes, completely (J&J single vaccination)

Yes, partially (first vaccination available,
second vaccination pending)

I acknowledge and confirm that I may enter the premises of the Fraunhofer Institute of Nondestructive Testing IZFP only if I feel healthy and do not exhibit any relevant corona symptoms such as fever, headache, pain in the limbs, shortness of breath, cough, etc.

Note on data protection: We collect the data requested in this form solely to fulfill our duty of care in the context of pandemic prevention. Your information will be deleted after one month and will not be disclosed to anyone except to fulfill legal obligations. For more details, please see our Privacy Policy.

Date / Signature

Handwritten signature

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