Anlage F

$\label{eq:covid-19-Entry} Regulation \\ (\textit{COVID-19-EinreiseVO})$

I am providing the following data:
(first name and last name)
Date of birth
Permanent or temporary residential address or location of quarantine (postal code, place, street, building number, wing, apartment number) if different
Contact data (phone number, e-mail address)
Country or region of departure
Date of entry
Date of exit (if applicable)
I stayed in the following countries during the past ten days:
☐ In the past 10 days I exclusively stayed in Austria and/or Annex A countries/regions.
☐ Entry is subject to the exemption under § 6 par. 1 or § 6 par. 2 (entry for medical reasons).
□ I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, without delay for ten days and I will not leave the quarantine accommodation during such period. I may have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test no earlier than on the fifth day after entry. I will cover the costs of such a SARS-CoV-2 test myself. In the event of a negative result, quarantine shall be deemed to be terminated early.
☐ Entry is subject to one of the exemptions under § 4 par. 3 or § 5 par. 5 (humanitarian workers; entry for professional reasons; escort to persons entering for medical reasons; fulfilment of a task imposed by a court or an authority; holders of accreditation cards):
☐ Medical certificate is available.

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the quarantine accommodation during such	h period. I may have a SARS-CoV-2 molecular biological test or a n the fifth day after entry. I will cover the costs of such a SARS-CoV-
	ult, quarantine shall be deemed to be terminated early.
Date	Signature

The details provided here will be sent to the local competent authority of the place of quarantine and will be destroyed 28 days after the date of entry.