

COVID-19 Questionnaire for Visitors

_____ Visitor's last name and first name	_____ Name of Dürr host
Visitor's personal details: Company: Telephone number:	_____ Date and time of visit

The safety of our employees, suppliers, customers and visitors is a top priority for us. We must therefore ask you to fill out this questionnaire fully and accurately and to observe the social distancing and hygiene measures in place on site. Thank you!

If you have answered one or more of questions 1 - 3 with "YES", we are unfortunately unable to grant you access at this time. This also applies if you do not answer questions 1 - 3 completely.

		Yes	No
1	Are you showing any signs of COVID-19 symptoms (fever, cough, runny nose change to sense of smell or taste, difficulty breathing/breathlessness, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are you a close contact to a confirmed COVID-19 case or required to quarantine due to a government order?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you been in a foreign virus variant area designated by the Robert Koch Institute in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

By signing, I confirm that the information I have provided is correct and complete.

Name of signature

Place and date

Please note: If you plan to be on site on consecutive days, please inform your Dürr/Schenck host immediately if your answers change. The information provided on this form will be used to determine your access authorization to Dürr/Schenck facilities. The data will not be automatically processed or stored. This document will be destroyed after a period of 14 days.