

**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 answer **“YES”** to one or more of the questions in 1 to 4 and answer **“NO”** to question 5, we will unfortunately be unable to allow you access to our site on this occasion. We will also be unable to allow you access to our site if you do not answer questions 1 to 5 fully or if you plan to stay for longer than 48 hours but do not agree to a rapid test.

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 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 To your knowledge, have you been in contact (face-to-face for longer than 15 minutes at a distance of > 1.5 meters) with anyone in the last 14 days who has tested positive for COVID-19 or has had to quarantine?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you or a person close to you had to quarantine in the last 14 days due to an official order?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 In the last 14 days, have you visited a region designated by the Robert Koch Institute as a risk area, meaning you must quarantine?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 I agree to have a thermographic temperature check.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 I am planning to stay at the site for longer than 48 hours and have proof that I have tested negative for COVID-19 in the last 48 hours. Alternatively, I consent to a rapid COVID-19 test (antigen test) being carried out by qualified personnel. | <input type="checkbox"/> | <input type="checkbox"/> |

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

\_\_\_\_\_  
Name and signature

\_\_\_\_\_  
Place and date

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