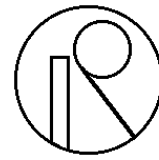


Survey Visitor Health Questionary for COVID-19 Virus



RÖTHEL

Referenz-Nr.

Revision 0, 08.05.2020

Personal Information:

Name:

.....

Adress:

.....

.....

Telephone-Nr.:

.....

Reason for visit:

.....

(Forwarding agency/employer

.....

EN

Name/Adress/Tel-Nr.)

.....

Reason for visit.:

Delivery of goods

Picking up of goods

other (.....)

Arrival:

..... (Date / time)

Contact Person On Site.:

..... (Abbreviation)

Departure:

..... (Date / time)

General questions about COVID-19

1. Have you been in the risk area within the last 14 days?

Yes

No

2. Have you been in contact with someone who has been diagnosed with COVID-19?

Yes

No

3. Did you notice the following symptoms at yourself??

fever cough sore throat difficulty breathing diarrhea none

If so, since when ?

.....

.....
Date / signature