**25.3.2020**

"[Dieses Foto](https://en.wikipedia.org/wiki/File%3AFlag_of_the_United_Kingdom_%283-5%29.svg)" von Unbekannter Autor ist lizenziert gemäß [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/)

**COVID-19 security measure**

Dear Visitors,

As you are aware, the new Coronavirus (COVID-19) continues to spread in many countries around the world with an increasing number of confirmed infections. For public health protection reasons and to prevent the further spread of the disease as good as possible, we strengthen our screening procedures for our employees and visitors. If your visit to our office, production plant etc. is currently necessary (and if you and your host were not able to e.g. conduct a virtual meeting) we kindly ask you as well as all other visitors to answer the health and travel-related questions below. You may be asked to adopt further measures, too. In case our Screening Result shows a high risk, you even may be refused entry. In such cases, your host would try to initiate a virtual meeting or the like at short notice.

Please also follow the hygiene regulations! This will secure you and our employees!

|  |
| --- |
| Visit information |
| Period of visit:(Datum: TT/MM/YYYY) | from | Click or tap to enter a date. | till | Click or tap to enter a date. |
| Company: |       |
| First and last name of the visitor: |       |
| Contact person at Oerlikon or IDC Barmag: |       |

|  |
| --- |
| Risk assessment questionnaire*Note: Answer the questions with consideration for the planned visitor period. If you answer one or more of the questions with "YES", the company premises may not be entered!* |
|  | Yes | No |
| Have you returned from a risk area in the last 14 days (e.g. Italy, France, China, South Korea, etc.)? |  |  |
| In whish country have you been?       |
| Have you had direct contact with a person who has returned from a risk area in the last 14 days? |  |  |
| Have you had direct contact with a person who was diagnosed with a COVID-19 virus infection in the last 14 days? |  |  |
| Are you currently suffering from any of the following symptoms: Cough fever, or shortness of breath (even if the symptoms are mild)? |  |  |
| Do you have a confirmed illness with the coronavirus? |  |  |

Click or tap to enter a date.
Date and Signature *(Repead the complete name)*

Note: This documentation will be kept for 21 days after the end of the visit and disposed of afterwards!