



COVID-19 Questionnaire for Visitors

For the purpose of the health protection of all employees and visitors, no person suspected of being COVID-19 infected should access Wintershall Dea assets. All Wintershall Dea premises should avoid non business-related visitors for the time being.

The present questionnaire must be filled in completely and truthfully and signed by every visitor who wants to receive access.

In case that the questionnaire has not been filled in completely or in case that any of the questions have been answered with "YES", access must be denied.

Visitor Information:

Last Name:		First Name:	
Phone Number:		Email:	
Company:		Location:	
Invited by:			

**We will contact you via phone and e-mail in case a person with whom you were in close contact in our premises would be a confirmed infected of COVID-19 within the next 14 days.*

COVID-19-related Questions:

Question	YES	NO
Is your visit non business-related?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have fever or history of fever ($\geq 38^{\circ}\text{C}$) in the past 14 days and acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days, have you travelled or are you coming from one of the following countries: China, Hong Kong, Japan, Singapore, South Korea, Iran, Italy, France, Austria, Denmark, Germany (limited to North Rhine-Westphalia, Baden-Wuerttemberg, Bavaria for domestic travel movements), Netherlands, Norway, Spain, Sweden, Switzerland, UK, USA or Egypt?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 14 days, have you had contact with a confirmed COVID-19 case?	<input type="checkbox"/>	<input type="checkbox"/>

Date and Signature Visitor: _____

Approval Box (to be completed by Wintershall Dea party)

<p>Access has been granted: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Date and Signature Reception Desk or Inviting Host:</p>
