



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 1-3 have been answered with "YES" or in case the visitor has been in a risk country the 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:

| No. | Question | YES | NO |
|-----|---|--------------------------|--------------------------|
| 1 | Is your visit non business-related? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 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, sore throat or loss of sense of taste and smell? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | In the past 14 days, have you been to another country? <u>If yes, please check with the reception desk or your host if you have been to a defined risk country. If so, access must be denied.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 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> |
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