Anlage F

Registration pursuant to § 2a of the COVID-19 Entry Regulation (*COVID-19-EinreiseVO*)

I am providing the following data:

(first name and last name).....

Date of birth.....

Permanent or temporary residential address or location of quarantine in Austria (postal code, place, street, building number, wing, apartment number) if different

…….....

…….

Contact data (phone number, e-mail address).....

.....

Country or region of departure.....

…….

Date of entry.....

Date of exit (if applicable)……..

I stayed in the following countries during the past ten days:

.....

.....

Please tick as appropriate:

☐ In the past 10 days I exclusively stayed in Austria and/or Annex A countries/regions.

☐ Entry is subject to the general entry requirements (**§ 4 par. 2, § 5 par. 4 Z 1, 2, 3, 5, 6, 7, 9, 12 and 13, § 7 par. 2**)

☐ Medical certificate or test result is available: I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, immediately for ten days and I will not leave the quarantine accommodation during such period. I may have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test no earlier than on the fifth day after entry. I will cover the costs of such a SARS-CoV-2 test myself. In the event of a negative result, quarantine shall be deemed to be terminated early.

☐ Medical certificate or test result is **not** available: I will have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test carried out immediately, at the latest 24 hours after entry. I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, immediately for ten days and I will not leave the quarantine accommodation during such

period. I may have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test no earlier than on the fifth day after entry. I will cover the costs of such a SARS-CoV-2 test myself. In the event of a negative result, quarantine shall be deemed to be terminated early.

☐ Entry is subject to one of **the exemptions under § 4 par. 3 or § 5 par. 5** (humanitarian workers; entry for professional reasons; escort to persons entering for medical reasons; fulfilment of a task imposed by a court or an authority; holders of accreditation cards):

☐ Medical certificate or test result is available.

☐ Medical certificate or test result is **not** available: I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, immediately for ten days and I will not leave the quarantine accommodation during such period. I may have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test at any time after entry. I will cover the costs of such a SARS-CoV-2 test myself. In the event of a negative result, quarantine shall be deemed to be terminated early.

☐ Entry is subject to the **exemption under § 6a (**commuters):

☐ Medical certificate or test result is available.

☐ Medical certificate or test result is **not** available: I will have a SARS-CoV-2 molecular biological test or a SARS-CoV-2 antigen test carried out immediately, at the latest 24 hours after entry. I will cover the costs of such a SARS-CoV-2 test myself.

☐ Entry is subject to the **exemption under § 6 par. 1 or § 6 par. 2** (entry for medical reasons).

Date..... **Signature.....**

The details provided here will be sent to the local competent authority of the place of quarantine and will be destroyed 28 days after the date of entry.

REPUBLIK ÖSTERREICH BUNDESKANZLERAMT AMTSSIGNATUR	Unterzeichner	serialNumber=932783133,CN=Bundeskanzleramt,C=AT
	Datum/Zeit	2021-02-03T15:56:45+01:00
	Prüfinformation	Informationen zur Prüfung des elektronischen Siegels bzw. der elektronischen Signatur finden Sie unter: https://www.signaturpruefung.gv.at Informationen zur Prüfung des Ausdrucks finden Sie unter: https://www.bundeskanzleramt.gv.at/verifizierung
	Hinweis	Dieses Dokument wurde amtssigniert.

Anlage D

Medical Certificate

This is to certify that

name.....

born..... in.....

on the..... (date of sampling)

at..... (time of sampling)

has been tested for the presence of SARS-CoV-2:

☐ molecularbiologically

☐ with an antigen test

Test result

SARS-CoV-2 pos: ☐ neg: ☐

Tested in the laboratory: .....

....., on.....
place, date, signature and seal of the certifying medical doctor

REPUBLIK ÖSTERREICH BUNDESKANZLERAMT AMTSSIGNATUR	Unterzeichner	serialNumber=932783133,CN=Bundeskanzleramt,C=AT
	Datum/Zeit	2021-02-12T16:41:04+01:00
	Prüfinformation	Informationen zur Prüfung des elektronischen Siegels bzw. der elektronischen Signatur finden Sie unter: https://www.signaturpruefung.gv.at Informationen zur Prüfung des Ausdrucks finden Sie unter: https://www.bundeskanzleramt.gv.at/verifizierung
	Hinweis	Dieses Dokument wurde amtssigniert.

Anlage H

Confirmation of absolute medical necessity to use medical service

This is to confirm that the use of medical services is an absolute medical necessity for

Mr./Ms.....

Date of birth.....

nationality.....

.....
place, date, signature and stamp of the certifying physician

REPUBLIK ÖSTERREICH BUNDESKANZLERAMT AMTSSIGNATUR	Unterzeichner	serialNumber=932783133,CN=Bundeskanzleramt,C=AT
	Datum/Zeit	2020-10-15T19:32:38+02:00
	Prüfinformation	Informationen zur Prüfung des elektronischen Siegels bzw. der elektronischen Signatur finden Sie unter: https://www.signaturpruefung.gv.at Informationen zur Prüfung des Ausdrucks finden Sie unter: https://www.bundeskanzleramt.gv.at/verifizierung
	Hinweis	Dieses Dokument wurde amtssigniert.