

Visitor registration

Date: _____

Arrival time: _____

Departure time: _____

First name and surname: _____

Street address: _____

Zip code: _____

Town: _____

Phone number: _____

Additional persons: _____

The personal information provided in this form is confidential and is only recorded for a possible follow-up of infection chains in connection with the coronavirus pandemic. The data will be saved for a maximum of four weeks and will then be deleted. The data will only be passed on to the responsible health authority upon official request.

Signature: _____