Anlage F

Declaration of quarantine

I,

name.................................................................................................................................................................

date of birth...........................................................nationality..........................................................................

hereby confirm, that I **and following fellow passengers, living in the same household**

name.................................................................................................................................................................

date of birth...........................................................nationality..........................................................................

signature...........................................................................................................................................................

name.................................................................................................................................................................

date of birth...........................................................nationality..........................................................................

signature...........................................................................................................................................................

name.................................................................................................................................................................

date of birth...........................................................nationality..........................................................................

signature...........................................................................................................................................................

name.................................................................................................................................................................

date of birth...........................................................nationality..........................................................................

signature...........................................................................................................................................................

have not been exclusively in Austria and / or Annex A-countries / areas in the last 10 days prior to entry.

 I immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I have to bear myself, and do not leave the quarantine accommodation for this period.

 The entry is subject to an **exception in Section 4 (3) or Section 5 (5)**:

  Medical certificate is available.

  Medical certificate is **not available**: I immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I have to bear myself and do not leave the quarantine accommodation for this period. I can carry out a molecular biological test for SARS-CoV-2 or an antigen test for SARS-CoV-2. The costs of any test for SARS-CoV-2 are to be borne by myself/ourselves. If the test result is negative, the quarantine ends earlier.

Country and place of origin.............................................................................................................................

Time, date and place of arrival.........................................................................................................................

..........................................................................................................................................................................

..........................................................................................................................................................................

Stays in the following countries in the last ten days (please provide details of the exact location and the

time spent there)...............................................................................................................................................

..........................................................................................................................................................................

..........................................................................................................................................................................

Place of quarantine (postal code, city, house number, stairs, door number)...................................................

..........................................................................................................................................................................

..........................................................................................................................................................................

Contact details (phone number, email address)...............................................................................................

..........................................................................................................................................................................

**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.