

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/we immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation and I/we will not leave the quarantine accommodation for the duration of the quarantine. I/we will cover the costs of any such accommodation and I/we will not leave home or this accommodation for the duration of the quarantine.

☐ 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/we immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation. I/we will cover the costs of any such accommodation and I/we will not leave home or this accommodation for the duration of the

quarantine. I/we 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.....

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Stays in the following countries in the last ten days (please provide details of the exact location and the time spent there).....

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

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

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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.

