

Self declaration for visitors to the company premises of the SCHÄFER Werke Group

Dear Ladies and Gentlemen

In view of the Coronavirus (COVID-19/SARS-CoV-2) and the associated risk of infection for both our employees and you as a guest, we request your assistance. For reasons of contact traceability, it is necessary for us to have an overview of visitors on the company premises at all times. **Masks are compulsory on the company premises and inside the buildings – either FFP2 masks or medical mouth/nose protection (surgical) masks.**

We would therefore like to ask you to provide the following information:

| | Please fill in completely: |
|---|----------------------------|
| Last name, first name: | |
| Company / Address: | |
| E-mail address: | |
| Telephone number: | |
| Visit on: | |
| Visit from / to (time): | |
| Reason for visit / Host in the company: | |

| Do any of the following statements apply to you? | Yes | No |
|---|-----|----|
| You have proof of a complete vaccination against COVID-19 with a vaccine licensed for use in the European Union administered at least 14 days ago. | | |
| You have proof of a COVID-19 infection detected by PCR test which is from at least 28 days ago and no more than six months old. | | |
| You have proof of a positive test result as mentioned above, in conjunction with proof of at least one dose of a COVID-19 vaccine licensed for use in the European Union administered at least 14 days ago. | | |

Please provide the appropriate proof!

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If you do not have the status of a vaccinated or recovered person, please submit a negative test result that is not older than 24 hours.

Otherwise, please carry out an antigen self-test for SARS-CoV-2, which we will be happy to provide you with upon your arrival at the company.

This test is listed on the **bfam** site. The test's sensitivity is 92.9% and its specificity is 99.85%.

The person carrying out the test has been instructed on how to take samples, how to perform and how to evaluate the test.

| Please mark as appropriate | Negative | Positive |
|----------------------------|----------|----------|
| The result was: | | |

I hereby confirm that I have read and understood all instructions and questions and have answered them truthfully!

Place / Date Signature

Company stamp

We reserve the right to take immediate protective/quarantine measures or to refuse access, if you have not filled in the declaration completely or if the in-house self-test is positive! Thank you for your understanding.

The provision of data is voluntary. The guidelines of the DSGVO will be observed.

The personal data collected will not be recorded separately. The self-declaration will be deleted after expiry of the legal retention periods in compliance with data protection regulations.

Together against Corona!

If we adhere to these behavioural recommendations, we will contribute to the health of us all:

- Keep a minimum distance of 1.5 meters from others
- Observe hygiene rules and wash hands thoroughly
- Cover your mouth and nose (with FFP2 or medical/OP mask)
- Ensure good ventilation indoors
- Please make active use of Corona warning app

