

Dear customers!

According to official regulations, we are obliged to record your contact data in order to document a contact person follow-up regarding COVID-19. Please fill in the following data "legibly", your data will only be released and used at the request of the health authority.

We assure you that your data will be carefully handled and in accordance with the DSGVO laws.

Thank you very much for your cooperation:

Surname: _____

Name: _____

Address _____

Telephone number: _____

E-mail: _____

Date of visit: _____ Entry time: _____

Ended at _____

I agree that the above data may be used for the above purpose

Signature.