**COVID-19 screening questions
EPoSS Annual Forum 2021
Towards New Horizons
4-7 October 2021, Freiburg im Breisgau, Germany**

Date:………………………………………………………………………………………………………………….

Visitor's name: ………………………………………………………………………………………………………

Visitor´s organisation: ………………………………………………………………………………………..........

Visitor's phone number:…………………………………………………………………………………………….

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| **​Self-Declaration by Visitor**​ ​ |
|  | **YES** | **/NO** |
| 1. Have you travelled to a risk area country or been in close contact with anyone who has travelled to those areas within the last 14 days?
 |[ ] [ ]
| 1. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
 |[ ] [ ]
| 1. Do you experience any cold or flu-like symptoms (fever, cough, shortness of breath or other respiratory problem)?
 |[ ] [ ]
| 1. Have you been tested positive with COVID-19 within last 14 days?
 |[ ] [ ]

Access to EPoSS Annual Forum 2021 will not be permitted to visitors answering yes to question 2, 3 or 4

Signature