

Registration form COVID-19 Test (PCR-Test)

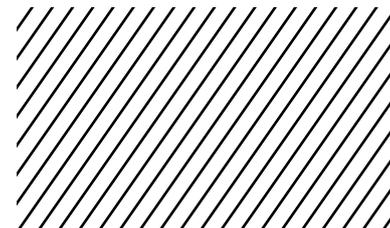


HEALTH
CENTER



Dear ladies and gentlemen!

You will receive a molecular biological test for SARS-CoV-2 (PCR test). The services are exempt from sales tax in accordance with Section 6 (1) No. 19 USTG 1994. For details and the privacy policy, please refer to our website at www.viennaairport.com/en/coronatest. Our staff will be happy to answer any questions you may have at any time.



Please wear your FFP-2 mask at all times, keep your distance, use the hand disinfectant and follow the instructions of our staff.

Thank you very much!

Please fill out the following fields legibly in **BLOCK LETTERS**:

Surname		First name		Sex		
				M	F	D

Street		House number	Postcode	Place / city

Date of birth	Nationality

Phone number

E-Mail

OPTIONAL: Further information (e.g. passport number, company address, etc.)

The test result will be sent to you in encrypted form to the email address given above.

- Please tick off the boxes: I understand...
- ...that the PCR test can have a very low but possible error rate.....
 - ...that there may be occasional delays in the evaluation of the test. In very rare cases, a new smear test may be required if the result is inconclusive.
 - I consent to my personal data being sent to Doz. DDr. Stefan Mustafa in accordance with the data protection declaration made known to me for carrying out the COVID-19 PCR tests and may be processed by him. I can revoke my consent at any time by sending an email to **coronatest@viennaairport.com**. In addition, I acknowledge that my personal data and the test result must be transmitted to the relevant health authorities in accordance with the legal requirements, which initiate the appropriate procedures in the event of a positive test result.
 - Optional: I agree that Flughafen Wien AG and Vienna Airport Health Center GmbH can send me further health offers for advertising purposes to the above e-mail address. I can revoke this consent at any time by sending an email to **coronatest@viennaairport.com**.....
 - Do you suffer from infectious diseases (e.g.: HIV) or diseases in the mouth- and nasopharynx? YES NO

_____ Date _____ Signature