

Registrationform COVID-19 Test (Antigen Test)



HEALTH
CENTER



Dear ladies and gentlemen!

You will receive an antigen test that detects certain proteins of the SARS-CoV-2 virus and thus a current COVID-19 disease. The antigen test detects infected people with a high viral load, but a possible disease cannot be completely ruled out. The applicable health regulations must therefore continue to be observed even in the event of a negative test result.

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 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		
<input type="text"/>	<input type="text"/>	M	F	D

Street	House number	Postcode	Place / city
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Nationality
<input type="text"/>	<input type="text"/>

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 antigen-test can have a 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.
- ...that a positive test result is reported in accordance with the requirements of the authorities and that the appropriate procedures are initiated
- 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

Is filled out by employees

Result validated by:

POSITIV	NEGATIV	INVALID
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