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 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…

1. …that the antigen-test can have a possible error rate ....

2. …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. ....

3. …that my personal data and the test result must be transmitted to the relevant health authorities in accordance with the legal requirements and in accordance with the data protection declaration made known to me, which will initiate the procedures provided for a positive test result ....

4. 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.** ....

5. 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