

Hello dear vacationers,

as part of our protective measures to prevent the spread of the Corona virus (SARS-CoV-2), please complete this questionnaire.

Name.: _____

Address: _____

e-mail: _____

Telephone/mobile phone number: _____

Do you have flu-like symptoms such as fever, difficulty breathing or coughing?

No Yes

Have you been in contact with a person with the Corona virus in the last 14 days?

No Yes

Have you been in contact with someone who is in quarantine or who has been in quarantine?

No Yes

I haven't been in any risk area in the last 14 days - holidays abroad or lockdown areas - even within Germany.

If so, where _____

If at least one of the above points is given, we may ask you not to visit our premises.

I hereby confirm that the above information is true and correct. I am aware that false information can have a significant impact on the health of other holidaymakers.

Data protection notice: Your personal data will only be used within the scope of the statutory provisions.

Date, signature

Thank you for your help and understanding.

Your FSG Koblenz/Bad Ems