## Anlage F

## **Declaration of quarantine**

I,		
name		
date of birthnationality		
hereby confirm, that I and following fellow passengers, living in the same household		
name		
date of birthnationality		
signature		
name		
date of birthnationality		
signature		
name		
date of birthnationality		
signature		
name		
date of birthnationality		
signature		
have not been exclusively in Austria and / or Annex A-countries / areas in the last 10 days prior to entry.		
☐ I/we immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation and I/we will not leave the quarantine accommodation for the duration of the quarantine. I/we will cover the costs of any such accommodation and I/we will not leave home or this accommodation for the duration of the quarantine.		
☐ The entry is subject to an exception in Section 4 (3) or Section 5 (5):		
☐ Medical certificate is available.		
☐ Medical certificate is <b>not available</b> : I/we immediately start a ten-day self-monitored home quarantine or quarantine in a suitable accommodation. I/we will cover the costs of any such accommodation and I/we will not leave home or this accommodation for the duration of the		

quarantine. I/we can carry out a molecular biological test for SARS-CoV-2 or an antigen test for SARS-CoV-2. The costs of any test for SARS-CoV-2 are to be borne by myself/ourselves. If the test result is negative, the quarantine ends earlier.

Date	Signature
	ss)
	e number, stairs, door number)
•	
	en days (please provide details of the exact location and the
Country and place of origin	

The details provided here will be sent to the local competent authority of the place of quarantine and will be destroyed 28 days after the date of entry.