

HEALTH CHECK FORM

(according to the COVID-19 self-assessment)

This Health Screening Form is for your self-assessment use, as part of the public health response to the outbreaks of COVID-19.

By registering for Facial Palsy 2021, you undertake to carry out an independent health check before entering the event site. In the event of symptoms of illness, suspicion of Covid-19 or a confirmed infection, the venue must not be entered under any circumstances.

The following questions have to be answered with yes or no by yourself every day before you enter the venue or other locations (eg. Restaurants) during the course:

Did you have any of the following symptoms in the past 24 hours?

- Fever
- Cough
- Runny nose
- Sore throat
- Shortness of breath
- Sudden loss of taste / smell?
- Have you had face-to-face contact with a confirmed COVID-19 case?
- Have you had direct physical contact (e.g. shaking hands) with a confirmed COVID-19 case?
- Have you had unprotected, direct contact with infectious secretions from a confirmed COVID-19 case?

If the response to any of the questions above is “yes” (X), the venue must not be entered under any circumstances.

Please carefully read the information on MEASURES TO AVOID COVID-19 INFECTIONS at the Terms and Conditions for Facial Palsy 2021 provided by the organizer to take all measures to minimize the risk of infection accordingly.

Data protection:

By participating in the conference, you consent to the use of your data (name, home address, email address, telephone number) as part of the Covid-19 security measures and to forwarding them to the Covid-19 officer. In the event of a suspected or confirmed case, the company / organizer / congress office and the Covid-19 officer are obliged to transmit this data to the responsible authorities. Therefore, please provide the email address / telephone number / home address at which you can actually be reached regularly (within 24-48 hours).