

Tederal Ministry Republic of AustriaSocial Affairs, Health, Care and Consumer Protection

Entry and Transit Declaration

| Name: |
|--|
| Date of birth: |
| Austrian citizenship: YES NO |
| ID-number: |
| Main or secondary residence/habitual residence in Austria (unless Austrian citizen): |
| Mobile number (optional): |
| E-Mail (optional): |
| For persons who are Austrian citizens/whose main or secondary residence or habitual residence is in Austria: |
| I undertake to put myself in home quarantine in Austria for 14 days without delay. If, during home quarantine, a completed molecular biological test for SARS-CoV-2 is negative, the 14-day self-monitored home quarantine may be terminated. |
| Address for home quarantine: |
| For persons who are not Austrian citizens/whose main or secondary residence or habitual residence is not in Austria: |
| Destination: |
| I hereby declare that I will transit Austria without layover and that my exit from the country is ensured |
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| Date and signature: |