

Data Form

Dear visitor!

As a museum we are obliged to prevent the spread of the Corona virus (SARS-CoV-2) and to provide the fastest possible traceability of possible chains of infection. We therefore ask you to fill out this form:

Date/ time of the visit:	
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Person	Name, first name	Adress	Phone number
1			
2			
3			
4			
5			
6			

I hereby confirm with my signature that I and all the persons named above do not exhibit any visible symptoms of the Covid 19 disease (in particular fever, cough, diarrhea/vomiting and general feeling of illness).

I agree that this data will be stored for a period of 4 weeks from the date of the visit and, if necessary, transmitted to the competent authority of the state of North Rhine-Westphalia upon request. After expiry of this period, the data will be destroyed immediately.

Date:	Signature
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