Federal Ministry Republic of Austria Interior Federal Ministry Republic of Austria Social Affairs, Health, Care and Consumer Protection

Entry and Transit Declaration

Name:		
Date of birth:		
Austrian citizenship:	YES	
ID-number:		
Flight number (when travelling by plane):		
Flight date:		

Main or secondary residence/habitual residence in Austria (not required for Austria	n
citizens):	

Mobile number (optional):

E-Mail (optional):

For persons who are Austrian	citizens/whose	main or see	condary res	sidence or h	nabitual
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