

SPØRGESKEMA TIL BESØGENDE

TEMPORARY VISITORS QUESTIONNAIRE

Virksomhed

Company

:

Dit navn

Your name

:

ICM kontaktperson

ICM Contact Person

:

1. Hvilke lande har du rejst fra – eller haft stop i - de foregående 15 dage?

Which countries have you been traveling from, or stopped over in, in the previous 15 days?

2. Har du oplevet nogen af følgende symptomer i løbet af de foregående 15 dage: feber, hoste og åndedrætsbesvær såsom åndenød?

Have you experienced any of the following symptoms during the previous 15 days: fever, cough, and breathing difficulties such as shortness of breath?

- ☐ Nej / No
☐ Ja / Yes

Juridisk ansvarsfraskrivelse: ICM A/S anmoder om disse oplysninger i henhold til Art. 9, stk. 2, i) i GDPR for at beskytte sine ansatte og besøgende mod alvorlige grænseoverskridende trusler mod deres helbred. Dine svar vil ikke blive videregivet til tredjepart, medmindre offentlige myndigheder, såsom sundhedsministerier eller andre offentlige myndigheder anmoder om disse data. Vi sletter dine svar, når risikoen der involverer Covid-19-landene ikke længere eksisterer.

Legal Disclaimer: ICM A/S is requesting this information pursuant to Art. 9 (2) (i) of the GDPR in order to protect its employees and visitors against serious cross-border threats to their health. Your answers will not be disclosed to third parties unless public authorities, such as health ministries or other public authorities request this data. We will delete your answers once the risk involving the Covid-19 countries no longer exists.

Jeg har læst og forstået denne juridiske ansvarsfraskrivelse og bekræfter ovenstående;

I have read and understood this legal disclaimer and I confirm the information provided;

Dato / Date

Underskrift / Signature

Udfyldte blanket afleveres til QHSE.