

Federal Ministry
Republic of Austria
Social 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.
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
Signature: