
Ninth International Conference on Low Cycle Fatigue (LCF9)

22 to 24 June 2021 in Berlin, Germany

SELF-DECLARATION (refers to Public Health Passenger Locator Form of the German Public Health Authorities)

In the context of the current novel Coronavirus outbreak (COVID-19) you and all other conference participants and staff must provide the following self-declaration. You are obliged to answer these questions truthfully and **submit this form at the LCF9 front desk in Berlin when registering**. This sheet is used exclusively for the event:

LCF9 participant (first name, family name / please write in bloc letter)

Private address for approach in case of community spreading (information mandatory)

Private phone number for approach in case of community spreading (information mandatory)

Question 1: Do you suffer from any of the following symptoms fever, cough or respiratory distress?

YES NO

Question 2: Did you have contact to a confirmed case of novel Coronavirus disease (COVID-19) within the last 14 days?

YES NO

Question 3: Did you have close household-like contact to a person from a risk area*) within the last 14 days?

YES NO

Question 4: Did you stay in a risk area*) within the last 14 days?

YES NO

*cf. [WHO Coronavirus Disease \(COVID-19\) Dashboard](#) / [Robert Koch-Institut: COVID-19-Dashboard](#)

Date

Signature