



DESY.

Routing slip for Covid-19 prevention

Before going to the beamline or lab, present the form at DESY Photon Science Users Office to get signature and approval

**NEW LOCATION OF THE
USER OFFICE
Building 94/O1.013**

Surname:

Name:

Date of birth:

Home Institute:

For external users at DESY User facilities (PETRA III, FLASH, Labs)

Stay at DESY from: _____ to: _____ at Beamline: _____

To be filled in by User Office:

PCR test has been presented and vaccination/recovery has been proven

Date

Signature (User Office)

For guests from international high incidence area with quarantine obligations:

I hereby confirm that prior to my stay at DESY I have completed the obligatory quarantine as defined by the Federal and City of Hamburg regulations.

Date

Signature (guest)

Only for employees on Bahrenfeld Campus/EuXFEL

Hereby I confirm that I am employed on the Bahrenfeld/XFEL Campus and observe the current 'General safety rules at DESY for handling the corona virus'.
My vaccination/recovery/test status has been proven to my group leader.

Date

Signature (employee)