

Employer or contracting client's confirmation that it will provide suitable accommodation during the quarantine period

Information on the person who are to undergo entry quarantine:

Name:

Date of birth:

Country of residence:

Entry date:

Information on employer:

Name of business or organisation:

Address:

Telephone number:

Contact person:

Information on place of accommodation:

Address:

Time period for which the accommodation has been made available:

It is hereby confirmed that the person specified above is to perform work or an assignment for the business or organisation, and that the business or organisation will provide a suitable accommodation during the 10-day quarantine period. At the place of accommodation it is possible to avoid close contact with others, and the person in quarantine will have a private room with TV and internet, access to a private bathroom, and a private kitchen or food service.

(Ticking box indicates confirmation)

Place and date:

Signature: