

REGISTRATION/DATA SHEET
for a medical activity related to a pandemic
in accordance with § 36b Austrian Medical Act 1998

1. Personal details

gender f
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Family name	First name
Name at birth	Date of birth
Place of birth	
nationality	Social insurance number
Mailing address	Telephone number / email address
Identity established by <i>(identification document)</i>	

2. Evidence of qualification

Doctor in training	since:
Retired doctor	since:
Authorised to exercise the medical profession abroad	country:

3. Specification on the activity intended in Austria:

Place of performance	
Type of activity	
Name of the general practitioner or specialist authorised to exercise the medical profession in Austria with whom the applicant will collaborate, as mandatorily required by law, and well as her/his ID number as member of the Austrian Medical Chamber	

In signing, I affirm in lieu of oath that

- I have full legal capacity with regard to all respects of professional practice
- I have good character and repute (i.e. absence of criminal convictions, my authorisation for medical practice was not withdrawn)
- I am fit to practise medicine
- All information given in the data sheet are correct and complete

Date and signature of the doctor

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Date and signature of the general practitioner or specialist authorised to exercise the medical profession in Austria with whom the applicant will collaborate, as mandatorily required by law

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