

**GUEST INFORMATION AND ISOLATION ROOM****COMMITMENT FORM**

Document numbers :

ÖNB\_002

Revision numbers and history

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Dear Guest,

In order to protect the health of our guests, employees and the public at our facility , the following information is required to be obtained from our guests during that tele-admission.

As a guest, we kindly ask you to answer the following questions regarding the mandatory information to be obtained from you and your companions.

In addition, your temperature will be measured each time you enter the hotel, and your temperature will be ..... at the first check-in date/time . determined in degrees.

Guest HEPP Code .....

Do you have a chronic illness?	
Have you experienced symptoms of Covid-19 in the last 14 days?	
Have you been diagnosed with Covid-19 before?	
Have you had close contact with a person diagnosed with COVID-19?	
Countries visited/visited in the last 14 days?	
Address and phone number of a relative who can be contacted in Turkey or abroad	

This information, which is obligatory to have a residence address abroad , will be kept for the mandatory period, provided that it is kept confidential, subject to the obligations of the personal data protection law ; In the event of a possible COVID-19 infection or request, it will only be shared with relevant public institutions and organizations.

hotels in the house all departments and units to be monitored procedures , taken Covidien-19 the outbreak of the spread delta to nlen for measures covered ; Above I gave the information correct that ,

✓ T esiste to every attempt at fire is my measured 'll re hotel I stay and / or hotel all kinds of areas and / or the service I take advantage of time over , Covidien-19 diagnosis Placing and Health agency as the hospital 's treatment whether the need to determine if , accommodation contract specified period and conditions in the facility that my accommodation will be provided ,

✓ In this case, it wire by designated isolation room my stay I had , my room out I go , my room outside visitors agree that I do not , personally by the same family that or the same room accommodating one of the accommodation isolation rooms can be had , if you have a parent / guardian I'm one of the accommodation for isolation rooms can be spent and isolation the room that they come responsibilities within that ,

✓ articulation of me and / or the same family is or along the same room I stay one to stay in the contract specified period of time during , the isolation of the room without departing , contract conditions suitable as food beverage service and room cleaning service will be provided ,

✓ Covidien-19 diagnosis Placing due to the isolation room be the case by me by concluding the accommodation contract of terms can be extended ; Accommodation contract additional as to provide isolation rooms , the services thus additional pricing schemes subject to my will and that fees I pay accept that I have , I know declaration , adopted and these considerations commitment ,

✓ residence address abroad with our guests , demands if , covid19 the test fee as testing centers , airports or accommodation on the premises can make a test commissioned the establishment of working hours , test content , time and test results about information with the countries in return covid19 test requirement Located guests , delays or to live the intensity of exposure to remain for the trip 48 hours before the test to take those , it results positive the guests while their stay facility management , airports are consulting their units immediately information give must .

✓ Covid-19 (SARSCoV-2) Reverse Transcriptase PCR test cost is 155 TL, including all procedures in public and private hospitals . Health Institutions 908 116 coded Covidien-19 (SARS-CoV-2) Isolation transaction fee 15 €

✓ the Guest testing to make a wish in case of Health Ministry authorized diagnostic laboratory

<https://covid19bilgi.saglik.gov.tr/tr/covid-19-yetkilendirilmis-tani-laboratuvarlari-listesi.html> link out are ulaşabl . On the number

of clicks visitors to ask in case our facility negotiated that private health care from the provider test can make .

✓ Hotel in who need digital required written and / or verbal warnings and redirects to comply , the hotel's rules , protocol to alert appropriate to behave declaration of acceptance and commitment I would .

✓ I would also updated the matters agreed that I did not and / or related rules , protocol , warnings and / or routing to the contrary I act if my contract O wires by right reason one -sided in the end be terminated and stay up activity last I end , my contract place to get together isolation room stay the obligation attached as I could not get I accept , declare and undertake that I will not demand a refund of the fees for the services ."

NAME SUR NAME

DATA SIGNATURE