



## User consent form for COVID-19 measures

By ticking the boxes below and signing this consent form, I declare that I will follow the COVID-19 measures stated below.

- I will register my visit to MAX IV and apply for an access card in DUO.
- I will follow the recommendations given by the Public Health Agency of Sweden (<https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/>) and the specific MAX IV COVID-19 instructions given at any time, and I will check for updates (<https://www.maxiv.lu.se/covid-19/>) at least daily during my stay.
- I will stay away from MAX IV should I have the slightest symptoms of any kind that are widely associated with COVID-19.
- I will wash my hands with soap regularly, especially before and after visiting common areas, and I will use hand sanitizer if no soap is available.
- I will help to avoid crowding in all areas and watch out for occupation limits and other local instructions and maintain physical distance to others at all times.
- I will respect that users are not admitted to the lunch areas and kitchens between 11 AM and 2 PM on weekdays.
- I will ensure that the user group that I am a part of will never visit MAX IV buildings with more than 3 persons at a time.
- I confirm that I do not currently have any symptoms or sensation of illness **[User initials:     ]**
- I confirm that I do not have been in known contact with any confirmed or suspected case of COVID-19 during the last 14 days.
- Should I have any symptoms or sensations of illness after 5 days of visiting MAX IV, I will advise User Office at MAX IV ([useroffice@maxiv.lu.se](mailto:useroffice@maxiv.lu.se)) immediately.

\_\_\_\_\_

User first and last name

\_\_\_\_\_

User Institution

\_\_\_\_\_

User signature

\_\_\_\_\_

Date (Day/Month/Year)

For information on GDPR visit <https://www.lunduniversity.lu.se/about/contact-us/processing-of-personal-data-at-lund-university>

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