

**Patient ticket or ward/area visited**

**Dear Visitor,**

People who are treated in our hospital belong to the group which needs special protection. For this reason, special rules apply for visiting our hospital. As such, this visitor self-declaration form regarding SARS-CoV-2 must be completed truthfully before your visit.

1. Have you been infected with the coronavirus in the last 4 weeks or suspected an infection that has not been disproved by a negative test?  Yes  No
2. Have you had contact with someone in the last 14 days who was infected with corona in the last 4 weeks or suspected an infection that has not been disproved by a negative test?  Yes  No
3. Have you experienced a (recent) loss of your sense of smell or taste?  Yes  No
4. Do you have (recent) respiratory complaints, specifically in the form of dry cough?  Yes  No
5. Current body temperature: \_\_\_\_\_ °C

If you have answered any of these questions with **YES** or your body temperature is increased, **a visit is not permitted** under the current legal regulations.

I understand that in accordance with the current coronavirus regulations of the State of Baden-Württemberg, the patient may receive only **one visitor per day** and that as a visitor, I am **obliged**

- to wear an **FFP2 mask** during my entire stay in the hospital,
- to be able to provide proof of a **negative corona test** from within the last 48 hours for an antigen test or the last 72 hours for a PCR test or proof of full vaccination or recovery
- to keep a **minimum distance of 1.5 metres** from all other persons whenever possible,
- to **disinfect my hands** with the hand sanitizer provided at the entrance when entering the hospital,
- to submit my **contact details** and the time of visit when I arrive in case it is necessary to contact me.

I also understand that the hospital can issue a visiting ban in the event of violations and that entering without an FFP2 mask is an offence that may be subject to a fine.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Visitor registration\*

### Person visited

Patient visited:  
(First and last name) \_\_\_\_\_

Ward: \_\_\_\_\_

### Visitor details

First name, last name  
of visitor \_\_\_\_\_

Address OR telephone number  
of visitor \_\_\_\_\_

### Date and time of visit

Date of visit: \_\_\_\_\_

Time of visit (start and end): \_\_\_\_\_ to \_\_\_\_\_

\* Your data will be stored for the purpose of providing information to the local health authority or the local police authority in accordance with Articles 16, 25 of the Infection Protection Act (IfSG). The recorded data will be deleted after four weeks.

