ERNST VON BERGMANN KLINIKUM

PATIENT's first name and surname

Date/time of visit

Ward

Visitor form - patient visit

Visitor's contact information

Visitor's first name and surname: _____

Visitor's telephone number: _____

Identified by:

O Passport O ID card O Driving licence O Registration certificate

State of health

1. Have you had a fever or signs of an acute infection of the airways, e.g. runny nose, sore throat, coughing, sputum, shortness of breath etc. in the last 14 days?

O Yes O No

2. Have you had contact with anyone who has tested positive for or is suffering from the coronavirus in the last 14 days?

O Yes O No

3. Have you returned from a region/country with a particularly high number of coronavirus cases within the last 14 days?

O Yes, from _____ O No

4. Have you noticed an obvious change in your sense of smell and/or taste in the last 14 days?

O Yes O No

If you have answered "Yes" to any of these questions, you are not permitted to visit a patient.

By signing this form, I hereby confirm that a) my personal information is correct, b) the information about the state of my health is correct on this day, c) I have acknowledged the applicable hygiene regulations and d) the data protection notice.

Date:__.__.____ Visitor's signature : _____

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