

PATIENT's first name and surname

Date/time of visit

Ward

Visitor form – visiting a patient

Visitor's contact information

Visitor's name, first name: _____

Visitor's telephone number: _____

Identified by:

Passport

ID card

Driving licence

Registration certificate

State of health

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 or did you notice any obvious change in your sense of smell and taste?

Yes

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: _____
or guardian

To be completed by reception staff:

Proof of negative Corona test | recovered | vaccinated

The visitor has presented the following evidence at reception:

negative (official) rapid antigen test or PCR test no older than 24 h

complete vaccination protection

proof of recovery