Klinikum Stuttgart	**Entry Permit Questionnaire** pursuant to the latest Corona Regulations	Updated: 19.08.2020

Last Name: _____ First Name: _____

Tel. No. or address:

_____

Patients only:

I (or my child) request admission to the emergency unit due to a medical emergency. **Yes [ ] No [ ]**

Everyone:

Have you suffered from any of the following within the last two days?

- High temperature / fever **Yes [ ] No [ ]**
- Cough **Yes [ ] No [ ]**
- Runny nose **Yes [ ] No [ ]**
- Sore throat **Yes [ ] No [ ]**
- Diarrhoea or vomiting **Yes [ ] No [ ]**
- Loss of sense of smell or taste **Yes [ ] No [ ]**
- Have you had unprotected contact (that is, contact without an FFP2 mask) with anyone infected with the coronavirus (SARS-CoV2) within the last 14 days? **Yes [ ] No [ ]**
- Have you been infected with the coronavirus (SARS-CoV2) within the last 3 weeks? **Yes [ ] No [ ]**
- Have you been in a foreign country within the last 14 days? **Yes [ ] No [ ]**

if so, in what country?: _____

Under the **Corona Regulations** the following **Rules for Visitors to Hospitals** apply, amongst others:

- Inside the hospital anyone aged 6 or over must wear a **covering over mouth and nose**, unless this would be unreasonable to expect on medical or any other compelling grounds.
- **Maintain a minimum distance of 1.5 metres between you and anyone else in the hospital.**
- Comply with any other measures introduced for the purpose of protecting health.
- **Avoid physical contact** (hand-shaking, hugging etc.)

By signing this document you confirm that the information you have supplied above is true and that you have noted the above requirements of the Corona Regulations.

Date: _____.2020 Time: ___:___ Signature: _____

Pursuant to the Corona Regulations this document will be stored for 4 weeks exclusively for the purpose of supplying information to the Department of Health and/or the local public order office and will then be destroyed.