

Last Name: _____ **First Name:** _____

Address: _____ opt. Tel.No.: _____

Would you like to visit a patient? You are welcome, but only one person is allowed per patient and per day, and you must meet one of the following three conditions:

- | | | |
|--|----------------|---------------|
| • Fully vaccinated | Yes [] | No [] |
| • Recovered from a coronavirus (COVID-19) infection | Yes [] | No [] |
| • NEGATIVE test result for COVID-19 within the last 24 hours | Yes [] | No [] |

Can you answer all of the following questions with No?

Have you had one of the following symptoms in the last 2 days?

- | | | |
|-----------------------------------|----------------|---------------|
| - High temperature / fever | Yes [] | No [] |
| - Cough | Yes [] | No [] |
| - Runny nose | Yes [] | No [] |
| - Loss of sense of smell or taste | Yes [] | No [] |

In the last 14 days, have you been without a mask in the company of someone who has COVID-19?

Yes [] **No []**

Have you been infected with the coronavirus or suffered from COVID-19 within the last 4 weeks?

Yes [] **No []**

Have you been in a foreign country within the last 14 days? If so, where?

If you do not meet one of the above 3 conditions or if you have answered a question with Yes, or if you have returned from a risk area, we ask you to postpone your visit.

Would you like to visit a patient at one of these stations?

Katharinenhospital: A4, B6IMC, E2, I1, Z2S

Olgahospital: MA21, MB31, MB32, MC21, MC31

Bad Cannstatt: Intensive care unit

If so, you must present evidence of a negative antigen test taken within the last 24 hours (even if you are vaccinated or have recovered from an infection). You can take an antigen test at the fever outpatient clinic (Katharinenhospital: in front of Building E; Bad Cannstatt: at the main entrance to Building 2). In order to protect our patients, we cannot allow you into the above stations without this test.

Under the **Corona Ordinance** the following **Rules for Visitors to Hospitals** apply:

- Inside the hospital anyone **aged 6 or over** must wear a **medical covering over mouth and nose. Persons over 14 must wear an FFP2 mask.**
- **Maintain a minimum distance of 1.5 metres between you and anyone else.**
- 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 Ordinance.

Date: _____.2021 **Time:** ____:____ **Length of visit:** _____ **Signature:** _____

Please present this questionnaire on your arrival.

Pursuant to the Corona Ordinance 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.