Klinikum Stuttgart	**Questionnaire for Visitors** pursuant to the Corona Ordinance	Updated: 17.12.2021

Last Name: _____ First Name: _____

Address: _____

Tel. No. (optional): _____

1. **Would you like to visit a patient? You are welcome, but visits should be limited to one visit per patient per day, and you must meet one of the following two conditions (German 2G rule):**
   a. Fully vaccinated or **yes [ ] no [ ]**
   b. Recovered from a COVID-19 infection (max. 6 months ago) **yes [ ] no [ ]**

2. **Would you like to visit a child** (3G rule)**?**
   a. You have had a NEGATIVE COVID-19 antigen test within the last 24 hours or a negative PCR test within the last 48 hours **yes [ ] no [ ]**

3. **Please also answer the following questions:**

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 answered a question under 3. with "Yes" or have returned from a country classified as a virus variant area, we cannot allow you to visit because of the possible risk to patients.

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

- **Visitors aged 14 or older must wear an FFP2 mask.** For children aged 6 to 13 it is sufficient to wear a medical covering over mouth and nose.
- **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: _____.202__ 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.

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