Admission/visitor registration during the corona pandemic

	No	Yes
1. Have you had a confirmed COVID-19 infection in the last 4 weeks or an unrefuted suspicion thereof (absence of two documented negative swab tests)?	☐	☐
2. Have you had unprotected contact within the last 2 weeks with a person who was infected with COVID-19 in the last 4 weeks or were you yourself in home quarantine within the last 4 weeks?	☐	☐
3. Have you had at least one of the following new symptoms in the past two weeks: temperature, dry cough, impairment to your sense of smell or taste?	☐	☐
4. Have you spent any time over the past two weeks in an at-risk area as defined by the German public health agency (RKI)? If so, you must submit an up-to-date negative test result from an institution in Germany to gain access to the building.	☐	☐

If you can answer all four of these questions with no, then you may access the building.
The following new conditions apply when visiting/accompanying patients:

- **A maximum of one visitor per patient in inpatient treatment** is allowed **per day**. Patients in outpatient treatment who require assistance may be accompanied by one person at most. Please note that regular visits to the COVID wards are not possible!
- Your **body temperature** may not be higher than 37.5 °C at the time of the visit.
- **Hygienic hand disinfection** must be conducted upon entering and leaving the building, as well as before and after contact with the patient.
- Wear **mouth and nose protection** during your entire stay in the building and when in contact with the patient. This also applies to the common areas, such as the cafeteria.
- Follow the **mandatory distance rules** (1.5 m) – especially from other patients and staff.
- **Avoid physical contact wherever possible** (handshakes, hugs, etc.).

In order to be able to trace SARS-CoV-2 virus (“corona virus”) infection chains, we will need your contact information. Please fill out the boxes completely in print letters.

First and last names

Contact address (street, house number, postal code, town/city)

Telephone number for contact

Start of visit ____ o’clock

Patient’s first and last names

End of visit (planned) ____ o’clock

place ☐ Böblingen ☐ Calw ☐ Herrenberg ☐ Leonberg ☐ Nagold ☐ Sindelfingen

Date (DD MM YY)

Signature

By signing, you confirm that you have entered all information truthfully and consent to this data being saved for four weeks. Your data will be saved for purposes of disclosure to the Health Department or local police department in accordance with Sections 16 and 25 of the Infection Protection Act (IfSG). The data required will be deleted after four weeks. The recording of personal data is based on the current Corona Ordinance of the State of Baden-Württemberg. You can find information on data protection at www.klinikverbund-suedwest.de or by using the QR code.