

## Questionnaire for patients, accompanying persons and visitors

Dear Madam or Sir,

the access to the Heidelberg University Hospital is restricted for the purpose of the COVID-19 pandemic.

**To gain access, all patients (except emergencies), accompanying persons (including companion in the delivery room, family rooms or co-admitted relatives) and all visitors (for patients or for events):**

1. **be able to prove 3G status, i.e. be fully vaccinated, recovered or currently tested #.**

2. **answer the following questions truthfully:**

Do you currently have COVID-19 suspicious symptoms such as: cold, new onset cough, shortness of breath, fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in isolation due to COVID-19 illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in quarantine due to contact with a Corona positive person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you entered Germany within the last 2 weeks from a high-risk or virus-variant area and are you therefore currently in quarantine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answers 4 x NO → you may visit the hospital or accompany someone into the hospital

If YES was answered to one or more questions:

- You are not allowed to visit the hospital, and you cannot accompany anyone to the hospital
- patients may be treated in emergency situations under isolation conditions, otherwise postpone appointment

3. For the purpose of any necessary follow-up by the health department, consent to data processing by the Luca App is needed, OR complete the information on this sheet:

# Applies to individuals > 6 years of age. For patients to be admitted as inpatients, a test will be performed as part of the admission process.

If conditions 1 and/or 2 are not met, the attending physicians may grant an exemption in justified cases. No exception can be granted from the obligation to collect data (No. 3).

### Personal details (about yourself)

Ggf. Patientenetikett  
einkleben

Name, first name: .....

Tel.: ..... Address: .....

I am:

**Patient** of the following clinic / outpatient clinic: .....

Date of birth: .....

Date of admission or outpatient treatment: .....

I am:

**visiting/accompanying person** Date of visit: ..... Arrival time: .....

**for**

visited/accompanied person, ward / outpatient clinic:

.....

visited event:

With my signature I confirm that the above conditions apply to me.

Signature of patient

Signature of employee/doctor

To remain in the patient file for patients. For visitors, the questionnaire will be archived for 4 weeks.

	Formular erstellt	Formular geändert	Formular geprüft	Formular Freigabe
Name:	ChB		--	
Datum:	20.09.2021		--	
Version: 2.0				Seite 1 von 1
Zentrum für Infektiologie Sektion Krankenhaus- und Umwelthygiene   Im Neuenheimer Feld 324   69120 Heidelberg   Telefon 06221 - 56 8208   Fax 06221 - 56 5627				

