

# REGISTRATION FORM

## for other visitors

(Accompanying persons, attendees of meetings and events and people with other appointments)



Dear Madam or Sir,

We are highly committed to protecting the health and safety of our patients, visitors and staff, particularly in relation to the current COVID-19 pandemic. Subsequently, we would like to inform you about important regulations regarding your visit to the University Hospital Regensburg.

Please read the following information carefully and state your agreement by personally signing this form on the back.

### Basic rule for visitors and accompanying persons

The 14<sup>th</sup> Infection Protection Act of Bavaria states that—in case of a 7-day incidence of 35 and above **entry to the University Hospital Regensburg** will only be granted to **visitors of patients** if the visitors have either been **fully vaccinated**, are **fully recovered from SARS-CoV-2 infection** or can **provide a negative test** in the context of paragraph 2, nos. 2,4 and 6 of the COVID-19 Protective Measures Exemption Directive. **Tested visitors** need to present a **negative test certificate**, either in writing or in digital form, which needs to be based on one of the following test methods:

- a PCR test, a PoC-PCR test or a test by means of further methods of nucleic acid amplification technology carried out no more than 48 hours prior to the visit, or
- a POC antigen test carried out no more than 48 hours prior to the visit.

Each test must correspond to the regulations stated in the COVID-19 Protective Measures Exemption Directive.

### Tested persons are equal to:

- Children up to their sixth birthday,
- Pupils subject to regular testing as part of school attendance, and
- Children not yet enrolled in school.

**The negative test certificate, vaccination certificate, proof of recovery or school identification/confirmation must be carried during the visit at all times and has to be presented upon request. Non-compliance with the visiting regulations will result in a ban from entering the University Hospital Regensburg. Infringement of these regulations will be reported to the Public Order Office and may impose a fine of € 250.**

Entry to the University Hospital Regensburg will only be granted to visitors who have no signs of respiratory infection (such as coughing or sneezing) with fever and who had no unprotected contact to a person with coronavirus infection in the two weeks prior to the visit.

- **Accompanying persons** are only permitted in **exceptional cases** if the patient urgently requires assistance in attending outpatient or inpatient appointments.
- **Only one accompanying person per patient** is allowed.

### Hygiene regulations at the University Hospital Regensburg

Please, strictly follow the hygiene regulations stated below throughout the entire duration of your visit to the University Hospital Regensburg.

- Wear a medical face mask covering your mouth and nose or an FFP-2 mask (without a valve) throughout the entire duration of your visit.
- Use the provided hand sanitiser upon entering the University Hospital Regensburg.
- As far as possible, keep a distance of 1,50 m to other people.



### Provision of personal data

To be able to identify the chain of infection in case of need, we kindly ask you to provide the following information:

<b>Visitor/Accompan. person</b>	Surname	First name
<b>Reason for your visit</b>		
<b>Date and time of your visit</b>		
<b>Address</b>	Street address	Postcode, place of residence
<b>Attainability</b>	Phone number	E-mail address (optional)

### Information on your current health status

Please provide information about your current health status by answering the following questions to the best of your knowledge and belief:

	Yes	No
Have you had any symptoms of respiratory infection or have you been running a fever in the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any unprotected contact with a person infected or taken ill with SARS-CoV-2 in the past two weeks?	<input type="checkbox"/>	<input type="checkbox"/>

### Information on your status of immunisation

<b>Are you fully protected by vaccination against coronavirus SARS-CoV-2?</b> (Note: People are fully protected by vaccination two weeks after the second vaccination with BioNTech/Pfizer, Moderna or AstraZeneca or two weeks after the first vaccination with Johnson & Johnson.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Are you fully recovered by vaccination from SARS-CoV-2-infection?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have PCR test, a PoC-PCR test or a test by means of further methods of nucleic acid amplification technology carried out no more than 48 hours prior to the visit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you have a POC antigen test carried out no more than 48 hours prior to the visit?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Are you exempted from one of the above named certificates?</b> (School identification/confirmation must be carried during the visit at all times)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Declaration of consent

I state with my signature that I agree with the collection and storage of my above-mentioned personal data by the University Hospital Regensburg. <sup>1)</sup> In addition, I confirm with my signature that I have read the above-mentioned instructions and hygiene regulations and that I will strictly adhere to them throughout the entire duration of my visit. <sup>2)</sup>

\_\_\_\_\_  
Name (in block letters)                      Date                      Signature

**Supplementary statement in the case of underaged visitors:** As legal representative, I/we confirm that I/we agree with all aspects of the above declaration.

\_\_\_\_\_  
Place and date                      Sign. legal representative\*                      Signature legal representative\*

\* If a legal representative signs this form on his or her own, he or she simultaneously declares to have sole custody of the child or act with the consent of the other parent.

<sup>1)</sup>Your consent is the prerequisite for being allowed to enter the University Hospital Regensburg. The data stated in this form will be stored for 30 days. The data protection regulations of the University Hospital Regensburg are available in the foyer of building A as well as online at www.ukr.de. <sup>2)</sup>In the event of a failure to comply with these regulations, the University Hospital Regensburg reserves the right to pronounce a house ban.

**Please fill in and sign this form and give it to the person responsible for your visit. Accompanying persons are kindly asked to hand in the form at the reception of the medical department or ward responsible for the treatment of the patient.**

**Thank you very much for your cooperation!**