

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

The University Hospital Regensburg only permits the entry of visitors who do not show any symptoms of respiratory infection (such as coughing or sneezing) with concomitant fever and who have not had any unprotected contact with a person infected with SARS-CoV-2 in the last two weeks before their visit.

Information for accompanying persons

- Accompanying persons are only permitted in **exceptional circumstances**, for instance in the case of patients who depend on assistance during their in-patient or out-patient appointment.
- **Only one accompanying person per patient** is permitted.

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:

Visitor/Accompanying person	Surname	First name
Reason for your visit		
Date and time of your visit		
Address	Street address	Postcode, place of residence
Attainability	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

Please provide information about your status of immunisation:

Have you been vaccinated against coronavirus SARS-CoV-2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes: Date of first vaccination: _____ Date of second vaccination: _____		
Were you vaccinated with the Johnson & Johnson vaccine (requires only one shot of the vaccine)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date: _____	

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. ¹⁾

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. ²⁾

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

*Signature of legal representative**

*Signature of 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.

¹⁾ 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.

²⁾ 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!