

Questionnaire for University Hospital Würzburg (UKW) visitors

University Hospital
Würzburg Medical Director
Oberdürrbacher Str. 6
97080 Würzburg

Date stamp UKW

Dear Visitor,

You wish to pay a visit to a patient at the University Hospital. Please note that there are important coronavirus-related rules which must be observed for the safety of our patients and staff. Many thanks for your understanding!

All visitors must be registered at the entrance gate of the respective clinic. Please fill out this form and hand it in at the gate.

	PLEASE FILL OUT IN CAPITAL LETTERS!
Your surname	
Your first name	
Your address	
Your phone number	
Patient's surname	
Patient's first name	
Patient's date of birth (if known)	
Patient's ward	
Reason for visiting	
Date of the planned visit	

Finally, please answer the following questions:

1. Do you currently have symptoms of a cold (cough, runny nose, sore throat, impaired sense of taste/smell) or fever ($\geq 38.0^{\circ}\text{C}$)?
 yes no
2. During the last 14 days or the 14 days before the onset of symptoms, have you had contact with a person with a confirmed case of COVID-19 or an institution (hospital, care home, doctor's practice, childcare facility) with confirmed COVID-19 cases?
 yes no

A visit is only permitted if both questions are answered with a "no".

Please confirm that this information is correct with your signature.

Place, Date

Signature