

All persons who do not work at UKT, U.D.O. or in emergency medical services must complete this questionnaire. Patients must carry this form with them while staying at UKT and show it to the medical/care staff at the destination within UKT.

<b>Name</b>	<b>First name</b>	<b>Date of birth</b>
<b>Destination (department/clinic) within UKT</b>		

**I AM:**

**Patient**

**Accompanying person**

**Visitor**

**External person** (e.g. field service staff, craftsmen, suppliers, drivers, applicants, etc.)

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**Only for visitors/accompanying persons/other**

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Phone number

Street

Postcode and city

**Filled out by UKT's admission control staff!**

**VACCINATED** status confirmed.  
 → Two vaccine doses of Biontech, AstraZeneca or Moderna or one vaccine dose of Johnson & Johnson + 14 days in each case.  
 → One vaccine dose of Biontech, AstraZeneca or Moderna and positive PCR test taken > 14 days.

**RECOVERED** status confirmed.  
 → Positive PCR test taken no less than 28 days and no more than 6 months previously.

PROOF has been provided!

Stamp, date and signature of admission control staff

QUESTIONNAIRE	NO	YES
Have you been diagnosed with the coronavirus in the last 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with a person diagnosed with the coronavirus in the last 2 weeks or are you in home quarantine yourself?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a geriatric care or assisted living facility?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced at least one of the following symptoms in the last 10 days: fever, cough, pain in the limbs, loss of smell/taste?	<input type="checkbox"/>	<input type="checkbox"/>
→ 4x "No": no further measures required → At least 1x "Yes": Isolation from other persons waiting/patients, coronavirus swab test, if necessary		

The above information is true and accurate. I am aware that false statements may result in Tübingen University Hospital taking action under civil and criminal law.	Stamp of admission control staff
Date <span style="float: right;">Signature</span>	

**The checklist must be renewed after one week at the latest.**

The risk assessment must be presented at any time requested and is not transferable.

Risk assessment for follow-up appointments at UKT	
Date / Stamp	Change compared to page 1
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Yes

- ➔ 4x "No": no further measures required
- ➔ At least 1x "Yes": Isolation from other persons waiting/patients, coronavirus swab test, if necessary