Covid19_Risikobogen_Englisch		Universitätsklinikum Tübingen	
Primärer Gültigkeitsbereich: Gesamtes UKT	Informationsblatt	ID: 48966	Stand: 001/03.2022

All persons who do not work at UKT, U.D.O. or in emergency medical services must complete this questionnaire. This form must be carried while staying at UKT and be shown by patients to the staff at the destination.

PER	SONAL DETAILS			
I AM				
	Patient		Visitor	
	Accompanying		External person	(e.g. technicians, craftspersons, suppliers, drivers, applicants, etc.)
	person			
Nan	ıe		First name	Date of birth
	tination (department/	,		

QUESTIONNAIRE	NO	YES
Are you currently under an <u>obligation to self-isolate</u> (quarantine or isolation) due to a coronavirus infection or close contact with an in-fected person?		
Have you had <u>elevated temperature</u> or <u>fever</u> (>37.5° Celsius) in the last 10 days?		
Have you experienced any new <u>change in your sense of taste or smell</u> in the last 10 days?		
Have you experienced any new <u>respiratory symptoms</u> , such as <u>dry cough</u> , in the last 10 days?		

Fille	d out by UKT's admission control staff!	
IMN	/UNISATION STATUS	
	Fully vaccinated status confirmed. → Full vaccination with the vaccine combinations approved in the EU (basic immunisa- tion) > 14 days. QR code certificate required!	PROOF has been provided! Stamp, date and name of admission
	Booster vaccinated status after basic immunisation confirmed. → QR code certificate required!	control staff
	<b>RECOVERED</b> status confirmed. → QR code certificate required!	
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. The hospital reserves the right to deny access to the premises by exercising its householder's right.		Remarks of admission control staff:
		Stamp of admission control staff
Date	Signature	

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## 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	Changes compared to page 1	
	🗆 No	
	🗆 Yes	
	🗆 No	
	🗆 Yes	
	🗆 No	
	🗆 Yes	
	🗆 No	
	🗆 Yes	
	🗆 No	
	🗆 Yes	
	🗆 No	
	🗆 Yes	