|  |  |
| --- | --- |
| First and Last Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Phone number: |  |

|  |  |
| --- | --- |
| Visited Patient (First and Last Name): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Station: |  |  | Room: |  |

There is an negative corona test (max. 48 h old).

Proof of complete vaccination is available (i.e. second vaccination was more than 2

weeks ago)

Recovery and confirmation from the health department is available.

I will adhere to the following rules, please check:

|  |  |
| --- | --- |
| Wear mouth-nose protection during your stay |  |
| Hand disinfection when entering the patient room and before leaving the patient room |  |
| Compliance with the **maximum visit time** of 2 hours |  |
| **Maxium of two visitors per patient per day** |  |
| Keep a distance from other people (at least 1,5 m) |  |

The information is mandatory due to the regulation for protection against new infections with the coronavirus SARS-CoV-2 of the state of North Rhine-Westphalia of June 24, 2021 in the version valid from June 25, 2021 and is treated with strict confidentiality. If required by law, your data will be forwarded to the responsible health department.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |  |  | Time of day: |  |  |  |

Signature of the Visitor

 Identity has been verified.

 Admission of the visit is granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the RMK or Security