COVID-19 questionnaire for the visit of the University Medical Center Mainz



Admission card

Dear patient, dear visitor,

please answer the questions listed below. The completed form is valid as an admission pass to the University Medical Center Mainz. This form of access control serves to protect you and the health of those around you. If you require an accompanying person a separate form must be completed and brought with you. To protect your personal data, you are welcome to fold the form at the marked positions.

Please hand this form in at the ward / outpatient clinic.

Always to be filled out		
☐ Patient	☐ Visitor	☐ Medically necessary accompanying person
Name:		
First name:		
Date of birth:		
Street:		
Zip code, place of residence:		
Phone:		
To be filled out by visitors		
Please pay attenti	on to our 1-1-1 rul	le = Only <u>one</u> visitor, for <u>one</u> hour per <u>one</u> day
Please tick off and I am fully vacci		resentation:
-		npletion of a full vaccination scheme (e.g. second vaccination was given 14 days ago)
☐ I am recovered	l	
Recovered = 28	days to a maximum	of 6 months after a positive PCR test
☐ I have been tes	sted negative by a	n authorized test center
	hours after a negat hours after a negat	tive rapid antigen test or
		ation is not permitted)
☐ Other		
Protection Act ("qua	rantine") and tha	to any segregation requirements within the meaning of § 30 of the German Infection at I do not show any typical COVID-19 symptoms. I am aware that false statements tion Act and are punishable by law and can be prosecuted.
Date		Signature Patient / Visitor / Companion / Other
Information pursuant t	o Art. 13 of the Gener	al Data Protection Regulation (EU GDPR) on data processing.

Person responsible:

UNIVERSITY MEDICINE of the Johannes Gutenberg University Mainz.

Langenbeckstrasse 1, 55131 Mainz, Germany

Phone: +49 6131-170

represented by the Chief Medical Officer and Chairman of the Executive Board $\,$

Prof. Dr. med. Norbert Pfeiffer

Data Protection Officer:

UNIVERSITY MEDICINE of the Johannes Gutenberg University Mainz

Data Protection Officer

Langenbeckstrasse 1, 55131 Mainz, Germany

Phone: +49 6131-170

e-mail: datenschutz@unimedizin-mainz.de

We collect your contact information (first and last name, address, phone number) to ensure contact traceability in case of possible COVID-19 infections and to ensure the functionality of the University Medical Center Mainz. The legal basis is Art. 6 para. 1 lit. f DS-GVO.

The contact data may be transmitted to the health authorities if this is necessary for their task fulfillment. The data will be stored for a period of 4 weeks and then irretrie-vably deleted if no other legal retention obligations exist. You have the right to information, correction, deletion and restriction of processing if the conditions for this exist. In addition, you have a right to lodge a complaint with a supervisory authority. In this case, this is the Rhineland-Palatinate State Commissioner for Data Protection and Freedom of Information.