

COVID questionnaire for the visit of the University Medical Center



Admission card

Dear Patient,

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.

To be filled in by the patient

<input type="checkbox"/> Outpatient appointment (also pre-/post-inpatient/TK/MVZ/ APC/medical on-call practice)	In which department/outpatient clinic? _____
<input type="checkbox"/> Inpatient admission	Name: _____
→ Smear performed <input type="checkbox"/> Yes <input type="checkbox"/> No	First name: _____
	Date of birth: _____

To be filled in by visitors/accompanying persons

<input type="checkbox"/> Visitor	<input type="checkbox"/> Medically necessary accompanying person	<input type="checkbox"/> Parent minor children
		<input type="checkbox"/> Partner birth
		<input type="checkbox"/> Visit palliative patient
Name: _____		Patients name, first name and date of birth: _____ _____ _____
First name: _____		
Date of birth: _____		
Street: _____		
Zip code, place of residence: _____		
Phone: _____		

COVID-19 query (ALWAYS to be filled in)

Have you been under quarantine in the last few weeks?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Have you had contact with persons who have COVID-19?	<input type="checkbox"/> no	<input type="checkbox"/> yes → when? _____
Have you been outside of Germany in the last 14 days?	<input type="checkbox"/> no	<input type="checkbox"/> yes → where? _____
Do you currently have symptoms of influenza or cold?	<input type="checkbox"/> no	<input type="checkbox"/> yes → which? _____

I hereby certify that the information I have provided is true and correct. False statements are a violation of the Infection Protection Act and punishable by law and may be prosecuted.

_____ Date

_____ Signature Patient/Companion/Other

Information pursuant to Art. 13 of the General Data Protection Regulation (DS-GVO) on data processing.

Person responsible:

UNIVERSITY MEDICINE of the Johannes Gutenberg University Mainz.
Langenbeckstrasse 1, 55131 Mainz, Germany
Telephone: +49 6131-170
represented by the Medical Executive Board 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 irretrievably 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.