



Main-Kinzig-Kliniken

Hospital visitation eligibility

Your data

Surname, first name:

Street, House number:

Postcode, town: Phone number:

Patient data

Surname, first name:

Visiting time

Date and time when entering the hospital:

With my signature, I confirm the accuracy and completeness of my information. I hereby confirm that I have read the posted information sheet on hygiene and behavioral measures and the information sheet on data protection. I have understood the hygiene and behavioral measures and will follow them.

You are free to refuse to provide information on this form or to sign this form. In this case we reserve the right to exercise our house rights and to deny you access. Please understand that we have to ask you again every time you want to visit.

.....
Place and date

.....
Signature Visitor

Vor Ort getestet:
Date

.....
Signature employee