

## **Confirmation of visit**

For the visit in the hospital "Christliches Klinikum Melle":

name of patient

station

The visit had been permitted, because of the patient being

- minor
- in palliative care
- attended by a relative for giving birth

Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Herewith I declare, that

- I don't have any cold symptoms
- there are not existing any quarantine terms from the special service of health of the district Osnabrück
- I haven't had any contact to a person who has been tested positively of the Corona Virus SARS – Cov2

\_\_\_\_\_  
(city, date)

\_\_\_\_\_  
(signature)

We are according to the law of the prevention of infection of the general decree of the district Osnabrück from 03/11/2020.

On behalf of our patients and colleagues we are asking for your understanding.

Hospital Management