Date: *(Please complete)*

Please send the completed questionnaire to

[infektionsschutz@uni-frankfurt.de](mailto:infektionsschutz@uni-frankfurt.de)

For queries, please call us on   
069-798-23688

**Personal data:**

Name: *(Please complete)*

Telephone number\*: *(Please complete)*

Email\*: *(Please complete)*

Personnel number: *(Please complete)*

Faculty / Department: *(Please complete)* / Work group: *(Please complete)*

Supervisor: *(Please complete)*

1. **Reason:**

|  |  |  |
| --- | --- | --- |
|  | I was tested for SARS-CoV-2 on:  *(Please enter the date the sample was taken)* | |
|  |  | on my own initiative\*\* |
|  |  | by special order of the public health department\*\* |
|  |  | by my general practitioner or in a test centre\*\* |
|  |  | because of symptoms\*\* *(Please enter the date when the symptoms started)* |
|  |  | because of contact to an infected person\*\* |
|  |  | because of travel regulations\*\* |
|  | The test result is available: *(Please enter the result)* | |
|  |  | Rapid antigen test\*\* |
|  |  | RT-PCR test\*\* |
|  |  | Home test kit\*\* |
|  |  | Antibody test\*\* |

|  |  |  |
| --- | --- | --- |
|  | Entry into Germany from an international high risk area / area of variants of concern   * *Enter quarantine obligations under 2.* | |
|  | Arrival date: *(Please complete)* | |
|  | Country visited: *(Please complete)* | |
|  |  | Private travel\*\* |
|  |  | Official travel\*\* |

|  |  |
| --- | --- |
|  | A member of my household has tested positive for SARS-CoV-2:  *(Please enter the date the sample was taken)* |

|  |  |  |
| --- | --- | --- |
|  | A member of my household is in official quarantine | |
|  |  | due to contact with an infected person\*\* |
|  |  | due to a SARS-CoV-2 infection at a child’s school or daycare centre\*\* |
|  |  | due to travel regulations\*\**(Please enter the arrival date)* |

|  |  |  |
| --- | --- | --- |
|  | I was in contact with an infected person within the last 14 days.  Date of last contact: *(Please complete)* | |
|  |  | I was informed by the public health department responsible\*\* |
|  |  | I was informed by the infected person\*\* |

|  |  |
| --- | --- |
|  | Corona-App with red warning notification  Time of last contact indicated: *(Please complete)* |

1. **Official quarantine:**

Since 01.11.2020, official quarantine of 14 days applies for every household in which a member has tested positive for SARS-CoV-2, irrespective of a special order by the public health department. If persons in the same household are affected by official quarantine, working on site is not permitted during this period.

|  |
| --- |
| Time period: *(Please complete - if known)* |

1. **Contacts at work in the event of a confirmed SARS-CoV-2 infection or a justified suspicion:**

**Contacts during the incubation period (48 hours before the onset of symptoms or in the last five days before a sample was taken in the event of an asymptomatic infection):**

* Direct conversation without a mouth-and-nose cover (distance less than 1.5 metres)
* Contact without a mouth-and-nose cover, at a distance of less than 1.5 metres and for longer than 10 minutes
* Presence at the same time in an inadequately ventilated room for longer than 10 minutes, even with a mouth-and-nose cover

If contact took place, please complete:

|  |  |  |
| --- | --- | --- |
| Name | Telephone number  Email\* | Contact situation including date |
|  |  |  |
|  |  |  |

1. **Measures taken:**

|  |  |
| --- | --- |
|  | Supervisors are informed\*\* |
|  | Affected colleagues are informed\*\* |
|  | Affected colleagues have been named as contacts at the public health department\*\* |