Date: *(please complete)*

Please send the completed questionnaire to

infektionsschutz@uni-frankfurt.de

**Personal data:**

Name: *(please complete)*

Telephone number\*: *(please complete)*

* I would appreciate a call back

Email: *(please complete)*

Personnel number: *(please complete)*

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

Supervisor: *(please complete)*

**Voluntary information on immune status:**

fully vaccinated on: *(please enter date of last vaccination)*

boosted on: *(please enter date of vaccination)*

recovered: *(please enter date of positive RT-PCR test)*

1. **Reason:**

|  |  |
| --- | --- |
|  | I was tested for SARS-CoV-2*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 - *date the symptoms started:* |
|  |  | because of contact to an infected person |
|  |  | because travel regulations |
|  | The test result is available – result: |
|  |  | Rapid antigen test |
|  |  | RT-PCR test |
|  |  | Home test kit |
|  |  | Antibody test |

|  |  |
| --- | --- |
|  | A member of my household is tested positive for SARS-CoV-2 and is subject to an official isolation*date the sample was taken:**kind of test:* |

|  |  |
| --- | --- |
|  | A member of my household is in official quarantine (=classification as a contact person)*reason and time period:* |

|  |  |
| --- | --- |
|  | I was in contact\* with an infected person within the last 10 days.*date:* |

|  |  |
| --- | --- |
|  | I need to provide care for my child/ children at home contingent on pandemic reasons *date of closure / start of the ban on entering:***Please also contact your human resources department “Personalsachbearbeitung”***.* |

1. **Measures taken:**

|  |  |
| --- | --- |
|  | I am in (voluntary) home quarantine since:*date:* |
|  | Supervisors have been informed |

1. **Contacts at work**

**Only to be filled in if you have received a positive test result yourself!**

Please name colleagues with whom you had contact during the infectious period\*\* with an increased risk of infection\*.

|  |  |  |
| --- | --- | --- |
| Name | Telephone numberEmail | Contact situation including date |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  | Colleagues concerned have been informed |
|  | Colleagues concerned have been named as contacts at the public health department |

\*

**Definition of a contact with increased risk of infection:**

* Direct conversation without face coverings (distance less than 1.5 metres)
* Contact without face coverings, 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 face coverings

\*\*

**Definition of infectious period:**

* 24 hours after infection (if the time is known)
* 48 hours before symptoms start
* five days before the sample for the test was taken in case of infection without symptoms