Date: *(please complete)*

**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)*

|  |  |
| --- | --- |
|  | 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*date the sample was taken:**kind of test:* |

|  |  |
| --- | --- |
|  | Work can be carried out from home or remotely |

Please send the completed questionnaire to

infektionsschutz@uni-frankfurt.de