**Personal data:**

|  |  |
| --- | --- |
| Name |  |
| Telephone number\* |  |
| Personnel number |  |
| Faculty / Department |  |
| Work group |  |
| Supervisor |  |

**Reason:**

|  |  |  |
| --- | --- | --- |
|  | Reason for SARS-CoV-2 test: | |
|  |  | Symptoms |
|  |  | Contact with an infected person |
|  |  | Travel regulations |
|  | SARS-CoV-2 test is positive \*\*  Date of sample collection: | |
|  | Contact\*\*\* with an infected person within the last 14 days | |
|  | Corona-App with red warning notification | |
|  | Official quarantine for the period:  (if known) | |
|  |  | Due to a person in my household testing positive for SARS-CoV-2 |
|  |  | Due to contact\*\*\* with an infected person |
|  |  | Travel regulations |

**Contact with employees at work during the last five days:**

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

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

Other remarks:

Please send the filled-out questionnaire to [krisenstab@uni-frankfurt.de](mailto:krisenstab@uni-frankfurt.de)