Date: *(please fill out)*

**Personal data:**

Name: *(please fill out)*

Telephone number\*: *(please fill out)*

Personnel number: *(please fill out)*

Faculty / Department: *(please fill out)*

Work group: *(please fill out)*

Supervisor: *(please fill out)*

**Reason:**

|  |  |  |
| --- | --- | --- |
|  | Reason for SARS-CoV-2 test: *(please fill out)*  (e.g. family physician, health department, personal initiative) | |
|  |  | Symptoms |
|  |  | Contact with an infected person |
|  |  | Travel regulations |
|  | The test result has been received | |
|  | Date of sample collection: *(please fill out)* | |
|  | Result:*(please fill out)* | |
|  | Test procedure: *(please fill out)*  (e.g. RT-PCR, antigen rapid test, antibody test – if known) | |

|  |  |
| --- | --- |
|  | I had contact with an infected person within the last 14 days  Date of last contact: *(please fill out)* |

|  |  |
| --- | --- |
|  | Corona-App with red warning notification  Displayed period to last contact: *(please fill out)* |

**Official Quarantine\*\*:**

|  |  |  |
| --- | --- | --- |
| Time period: *(please fill out)*  (if known) | | |
|  | Due to a positive SARS-CoV-2 test result  (for me or a member of my household) | |
|  | Travel regulations | |
|  | For a member of my household | |
|  |  | Due to contact with an infected person |
|  |  | Due to a SARS-CoV-2 infection in a child’s school or childcare facility |
|  |  | Travel regulations |

**In case of a confirmed SARS-CoV-2 infection or a well-founded suspicion:**

**Contacts (at least 15 minutes and less than 1.5 metres (distance)to employees as work since start of infection (48 days before start of symptoms or in the last five days in case of an infection without symptoms):**

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

**Measures taken so far:**

|  |  |
| --- | --- |
|  | Supervisors have been informed |
|  | Affected colleagues have been informed |
|  | Affected colleagues have been identified as contacts with the public health department |

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

**Other remarks:**