

Contact information to prevent the spread of COVID-19

Returning from abroad	<input type="checkbox"/> yes Where from? _____ When? ____ . ____ . ____
	<input type="checkbox"/> no

Personal information:

Last name	
First name	
Date of birth	
Address in Blaubeuren	
Phone number	
E-mail address	
Corona test taken	<input type="checkbox"/> yes <input type="checkbox"/> no
Result obtained on (date):	Positive test <input type="checkbox"/> Negative test: <input type="checkbox"/>

Symptoms:

Cough	<input type="checkbox"/> yes <input type="checkbox"/> no
Runny nose	<input type="checkbox"/> yes <input type="checkbox"/> no
Fever	<input type="checkbox"/> yes <input type="checkbox"/> no
Other symptoms	

Date, time

Signature