

**Data Registration Form**  
(Datenerfassungsbogen)  
English / Englisch

**Personal Details of the Infected Person**

<b>Surname, first name</b>		Date of birth:
Address (Street/number, postcode, town/city)		
Different place of residence:	<input type="checkbox"/> No <input type="checkbox"/> Yes, address:	
Telephone number / mobile number		
Other telephone numbers / contacts		
Email		
Type of residence	<input type="checkbox"/> House/apartment <input type="checkbox"/> Hostel/shared accommodation <input type="checkbox"/> Home (care home, retirement home, etc.) <input type="checkbox"/> Home for children/young people <input type="checkbox"/> Homeless <input type="checkbox"/> Other:	
Employment	<input type="checkbox"/> Unemployed <input type="checkbox"/> Teaching/educational services <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Medical institution (practice, hospital, home, etc.) <input type="checkbox"/> Fire services/police <input type="checkbox"/> Shared accommodation/residential home <input type="checkbox"/> Public utilities/public transport/funeral service/public affairs office <input type="checkbox"/> Hotel/restaurant/leisure establishment  Occupation:  Last working day:	
Employer	Name: Address: Telephone number: Email:  Other employers:	
Shared institution	Attendance at <input type="checkbox"/> Crèche <input type="checkbox"/> Nursery school <input type="checkbox"/> School <input type="checkbox"/> Other:  Address:  Telephone number: Email:	

<b>Medical Information</b>	
Health information	<p>Pre-existing medical conditions</p> <p> <input type="checkbox"/> Heart/circulatory system    <input type="checkbox"/> Lungs    <input type="checkbox"/> Kidneys  <input type="checkbox"/> Liver    <input type="checkbox"/> Nerves    <input type="checkbox"/> Cancer  <input type="checkbox"/> Immunodeficiency    <input type="checkbox"/> Other:         </p> <p>Are you pregnant:</p> <p> <input type="checkbox"/> No    <input type="checkbox"/> Yes, expected due date:         </p> <p>Care provided by a healthcare service:</p> <p> <input type="checkbox"/> No    <input type="checkbox"/> Yes, which:         </p>
Symptoms	<p> <input type="checkbox"/> No    <input type="checkbox"/> Yes         </p> <p>           Onset of symptoms:                                  End of symptoms:         </p> <p> <input type="checkbox"/> Cough    <input type="checkbox"/> Pneumonia  <input type="checkbox"/> Fever    <input type="checkbox"/> Loss of taste/smell  <input type="checkbox"/> Sore throat    <input type="checkbox"/> Nausea/vomiting/diarrhoea  <input type="checkbox"/> Cold                                  <input type="checkbox"/> Headache/aching limbs  <input type="checkbox"/> Shortness of breath                                  <input type="checkbox"/> Other:         </p>
Current hospital stay related to COVID-19	<p> <input type="checkbox"/> No    <input type="checkbox"/> Yes         </p> <p>           Admission date:    Discharge date:            Hospital:            Address:            Station:         </p>
Testing	<p>The positive test was performed on:</p> <p>by</p> <p> <input type="checkbox"/> General practitioner:  <input type="checkbox"/> Testing station    <input type="checkbox"/> On-call service provided by the National Association of Statutory Health Insurance Physicians (116117)  <input type="checkbox"/> Hospital    <input type="checkbox"/> Other:         </p> <p>Reason for test:</p> <p> <input type="checkbox"/> Contact with a person infected with COVID-19  <input type="checkbox"/> Symptoms of illness                                  <input type="checkbox"/> Returning traveller  <input type="checkbox"/> Repeat testing    <input type="checkbox"/> Other:         </p>
Source of infection	<p>The source of infection is known:</p> <p> <input type="checkbox"/> Yes → Name, address, telephone number of the person, date of the contact or event:  <input type="checkbox"/> No:         </p> <p>Possible sources of infection in the 14 days prior to the onset of symptoms:</p> <p> <input type="checkbox"/> Use of public transport    <input type="checkbox"/> Private celebrations/meetings  <input type="checkbox"/> Appointments with close contact (hairstylist, beauty salon, etc.)  <input type="checkbox"/> Treatments, therapies (dentist, physiotherapist, etc.)  <input type="checkbox"/> Other         </p>

Quarantine	First day of self-isolation at home:
<b>Household Members</b>	
Household members  <i>Important: As close contacts, they are in quarantine for 14 days after the infected person first experiences symptoms</i>	First name, surname (if different), date of birth, occupation or attendance at a shared institution (crèche/nursery school/school)          Living space/room: Is self-isolation at home possible (stay/eat in your own room at all times):            Yes <input type="checkbox"/> No <input type="checkbox"/>  Does anyone have symptoms: <input type="checkbox"/> No <input type="checkbox"/> Yes, who:
<b>Organisational Information</b>	
Contact tracing	Please make a list of all contacts you have seen in the <b>2 days prior to the onset of symptoms</b> (or if you are asymptomatic, prior to taking a swab test) and at least one of the following applies (also cumulative): <input type="checkbox"/> < 1.5 m distance > 15 min (also cumulative) <input type="checkbox"/> > 15 min together doing sport/singing/celebrating (in a poorly ventilated indoor area) <input type="checkbox"/> < 1.5 m distance > 30 min with <b>both</b> parties wearing a mask (for example, a meal, meeting, taking a break/working together, etc.)  <input type="checkbox"/> There are no close contacts  Add the contact details of the people to the attached list and send it to the email address below.
<b>Contact details of the public health office</b>	Please send this completed form and your contact list to the following email address: <b>corona-ip@muenchen.de</b> Hotline for Munich Public Health Office: +49 (0)89-233 96333




**Please fill out this list and send it to: [corona-ip@muenchen.de](mailto:corona-ip@muenchen.de)**

Please enter here all contacts whose details you do not have.

In this case, please list all the information about the setting where you were in contact with the person (date, time, address, contact details, etc.):



# Leaflet for People Infected with COVID-19 and SARS-CoV-2 in Outpatient Care

(Merkblatt für COVID-19 und mit SARS-CoV-2 infizierte Personen im ambulanten Bereich)  
English / Englisch

You have tested positive for SARS-CoV-2, the virus that causes the COVID-19 disease. In order to avoid infecting other persons, you have been ordered to quarantine at home by the Department of Health on the basis of the German Protection against Infection Act (IfSG).

## How does the COVID-19 disease manifest itself in you?

SARS-CoV-2 infections can lead to the COVID-19 disease. This can occur with various symptoms, typically in addition to a general feeling of illness and weakness, especially with cold symptoms such as a cough, fever, sniffles and smell and/or taste disorders. People with weakened immune systems or chronic diseases are particularly at risk of severe cases. There are also asymptomatic cases, but these people can infect other people.

## What needs to be considered for the period of quarantine at home?

- You must remain in quarantine at home until there is no longer a risk of you infecting other people. This period is usually 10 days, provided that you are symptom-free 48 hours before the end of your quarantine. If this is not the case, please contact us using the contact details below.
- Minimise your contact as much as possible, even inside your home. Please observe the following instructions:
  - Only household members who cannot stay elsewhere or who are needed to provide support should be present. They should preferably be in good health and not have any pre-existing conditions; people with risk factors associated with severe cases of the disease (for example, those with a weakened immune system, old people, etc.) should preferably not be among this group of people.
  - Adult family members should not stay in the same room as you or, if this is not possible, maintain a distance of at least 1.5 metres, but preferably 2 metres from you. In this case, all parties involved should wear a face covering, especially if the minimum distance cannot be maintained.
  - If possible, make sure you have individual accommodation in a well-ventilated single room.
  - The use of common spaces should be limited to a minimum and should be at different times to others, for example, by having meals separately.
  - Make sure that the rooms are well ventilated several times a day (shock ventilation). This applies in particular to the rooms used by all household members, such as the kitchen or the bathroom.
  - Do not receive any visitors. Contact should not be made with other people outside of

your household, for example, postmen, delivery services or neighbours. Arrange for deliveries to be left in front of the house or apartment entrance, wear a face covering and keep as far as possible away from these people.

- Sick children must, of course, continue to receive adequate care. The start of the 14-day quarantine period for the person providing care and other household members (contacts) depends on the day that symptoms occurred or, in the event of a person being asymptomatic, on the date that the first person in the household was infected.
- Please pay particular attention to the following general hygiene measures, which – as with other diseases – protect against infection:
  - Wash your hands frequently and thoroughly with soap and water, especially if you have blown your nose, sneezed or coughed and after going to the toilet, before eating or preparing food, etc.

Your household members must wash their hands with soap after each contact with you.

- If possible, use disposable paper towels to dry your hands. If these are not available, use “normal” towels and replace them if they are damp. Do not share towels with other household members, but use your "own" towels.
- Observe so-called coughing and sneezing etiquette by coughing or sneezing into your elbow or into a disposable handkerchief and immediately dispose of it in a closed bin with a bin liner. This and other waste should be kept in your room until it is disposed of as household waste.
- Avoid touching your mouth, eyes and nose with (unwashed) hands.
- Please also observe the following cleaning and disinfection measures:
  - Bathroom and toilet surfaces should be cleaned and disinfected at least once a day with surface disinfectant. All disinfectants labelled as having “limited virucidal effect”, “limited virucidal effect plus” or being “virucidal” are suitable for this purpose.
  - Put your soiled laundry in a laundry bag. Do not shake this and avoid your skin or clothing coming into direct contact with the laundry.
  - Wash your laundry at a temperature of at least 60°C with a normal detergent and dry it thoroughly.
- Everyone living with you in your household at this time are considered close contacts and should observe whether they develop symptoms of the disease up to 14 days after the onset of your symptoms or, in asymptomatic cases, for up to 14 days after the test date of the first person in the household becoming infected.

Further information for close contacts can also be found in our corresponding information sheet for category I contacts (see appendix).

- **Important:** If you experience any **symptoms**, please contact your local doctor or call the on-call service provided by the National Association of Statutory Health Insurance Physicians on telephone number 116117. Make sure you call the doctor's practice in advance and inform them that you are in quarantine at home because you have received a positive SARS-CoV-2 test result.

**In severe cases, as with other diseases, call the emergency services on the telephone number 112. Be sure to inform them that you have tested positive for the SARS-CoV-2 virus**

**and are in quarantine at home.**

- In case of **existing or emerging symptoms of the disease**, you will need a **certificate of incapacity** from the doctor treating you so that you can continue to be paid by your employer, including during the current period of quarantine.
- If you require confirmation of your quarantine period from the district administrative authority (for example, for your employer), please send an email with your details to the following mailbox:

**[beleg.infektionsschutz@muenchen.de](mailto:beleg.infektionsschutz@muenchen.de)**

**You can find the latest information on COVID-19 at: [www.muenchen.de/corona](http://www.muenchen.de/corona)**

**You can find further information about possible help while you are in quarantine at: [www.muenchen.de/hilfen-in-quarantaene](http://www.muenchen.de/hilfen-in-quarantaene)**



**Do you have any questions?**

Please contact us at [rgu.infektionsschutz@muenchen.de](mailto:rgu.infektionsschutz@muenchen.de) or by telephone on +49 (0)89 233-96333 (Monday to Friday from 8 a.m. to 4 p.m.).

Best regards,  
Gesundheitsreferat