

# SARS-COV-2

## Diary for contacts



(EMS-)ID:

**First and family names:**

**Phone-Number:**

**I belong to the following category:**

- Medical personnel
  Care worker
  Laboratory personnel
  Family Member  
 Passenger on the same flight as the patient
  Other:

Form of contact							Protection			
0 no contact	S At least 15 mins conversation with under 2m distance	Aer Aerosol-producing measures, e.g. aspiration, BAL, Intubation, bronchoscopy	0 none	M1 OP-mask or FFP1-mask	K protective coat	S1 contact not fulfilling S criteria	Mat Handling of possibly infectious material	M2 FFP2-mask	H gloves	S protective glasses
P Care or medical activity on patient	Ä Medical treatment of patient	And Other kind of contact (please state which)	M3 FFP3-mask							
Date	Contact	Protection	Personal symptoms (N=no, J=yes, WN=don't know)					Other	If you develop symptoms, contact with...	
e.g. Mon, 3.2.14	Form of contact Use the codes given above. Fill in all applicable	Kind of protection Use the codes given above. Fill in all applicable	Fever (yes/no)	Temperatur	Cough (yes/no)	Sore throat (yes/no)	Breath lessness (yes/no)			



