**„Tagebuch“ für Kontaktpersonen zu COVID-19-Fällen**

Name, Vorname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geb. datum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anschrift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Datum**  | **Symptomatik**  |  |
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| Fieber | Temperatur  | Husten  | Halsschmerzen  | Kurzatmigkeit  | Sonstige  |
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