



Covid-19 Contact Tracing / Suspected Case /Case of Illness

General Information

In case of a positive test result, this form is to be submitted IMMEDIATELY to your health authority (district authority, magistrate) - preferably filled out electronically. Alternatively, you can also report your contacts online at <https://www.noel.gv.at/covid-kp>. In case of a negative test result, you can delete this form.

Receiving agency

Regional administrative authority

Contact tracing of person

Salutation * Ms. Mr.

Title preceding _____

First name * _____ Last name * _____

Title following _____

Birthdate _____

Address

Street * _____ Building number * _____ to _____ Stairway _____ Apartment number _____

Postal code * _____ City * _____

Contact data

Telephone * _____ E-Mail * _____

Employer: _____ last visit/attendance at work/school/kindergarten _____

Start of symptoms _____ Day of test _____

Working in health care large company school sector/education kindergarten _____

Number of employees/classmates _____ Number of customer contacts per day _____

Information

You are receiving this form because

- you are suspected of being infected with SARS-CoV-19 and have been registered for testing.
- you have tested positive for Corona and now need to prevent further spread of the virus.

To prevent possible further spread of the disease, it is necessary that you disclose ALL persons with whom you have had direct contact 48 hours prior to symptom onset or before the collection of the sample until now.

Please enter all persons in the list provided (e.g. persons in your own household, family members, friends, work colleagues, etc.) and submit it to your local district administrative authority as soon as possible.

If you cannot fill in some fields because you do not know the data, such as the exact name,

- we request that you inquire directly with the persons in question or
- give us the name of an informed contact person (employer, shift supervisor, personnel department, trainer)

In any case, please try to provide the **phone number** and **e-mail address**. Only with complete contact information are we able to take the necessary measures in a timely manner.

Please think of contacts in the family, among friends, at work, in leisure time, etc. Some people find it helpful to look through their calendar.

We thank you in advance for your accurate information and ask you to fill out the form on your computer or cell phone (save the file locally and use e.g. the program "Adobe Reader" for editing). By doing so, you will make a significant contribution to preventing the further spread of the disease.

Please **do not fill in the column "Will be filled in by doctor"**! Your data will be checked by a doctor from the health authority and it will be decided whether further steps are necessary.

In the "**Type and location of contact**" field, you can provide additional information on exactly how the contact took place.

We thank you for your cooperation!

*) To be filled in only if known.

"Same household": Persons with whom you live in the same household and have contact with (in this case, the additional specification of the address can be omitted).

Submission

Please save the completed form locally on your device.

Send the completed form by **e-mail** to your **regional administrative authority** or to your **local magistrate**.

Contact Tracing

Lfd Nr.	Last name	First name	Social security Nr.*)	Birthdate *)	Same household	Address	Telephone-number	E-Mail	Contact on	Type and place of contact	Contact breakdown	Protective measures	To be completed by doctor
1					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
2					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
3					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
4					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
5					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
6					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
7					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
8					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
9					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
10					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
11					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case

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12					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
13					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
14					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
15					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
16					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
17					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
18					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
19					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
20					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
21					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case
22					<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> under 15 min. <input type="checkbox"/> over 15 min. <input type="checkbox"/> under 2 m <input type="checkbox"/> over 2 m <input type="checkbox"/> direct physical contact <input type="checkbox"/> indoors <input type="checkbox"/> outdoors <input type="checkbox"/> face to face	<input type="checkbox"/> MNP <input type="checkbox"/> Gloves <input type="checkbox"/> FFP2, FFP3	<input type="checkbox"/> High risk <input type="checkbox"/> Low risk <input type="checkbox"/> No suspicion <input type="checkbox"/> Special case