

REPORT FORM FOR SARS-COV-2 (COVID 19) INFECTION/ POSITIVE TEST RESULT



University of Potsdam

Division of Student Affairs

via e-mail to

dez2@uni-potsdam.de

Student ID number:

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Name, first name

Phone number

Dates of the Covid-19-test

Date of communication of the positive test result

Relevant health authority

In the period from 5 days before the test until the day the test was carried out, I attended the following courses/examinations requiring attendance at the University of Potsdam:

Date, time of the course/ examination	Title	Relevant teaching staff members
<input type="text"/>	<input type="text"/>	<input type="text"/>
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