Confirmed and suspected coronavirus cases – Weekly report form

Organizational Unit (stamp):

The numbers below apply to Week ____.

Employees
  Number of reported infections _______
  Number of suspected cases _______

Students
  Number of reported infections _______
  Number of suspected cases _______

Name of person signing the form ______________
Telephone number ______________
Date ______________
Signature ______________

Please return the completed form to the Occupational Safety Service: das@fu-berlin.de.