

Registration form for returnees from international risk areas

(Please complete this form only if you do not have completed the Public health passenger locator form)

Personal information and contact information:

1. Last (family) name:

2. First name:

3. Birth date:

4. Telephone number

alternatively:

5. E-Mail

Home adress (residence or temporary adress)

6. Street:

7. Number:

8. ZIP/Postal code:

9. City

Travel information and information about testing of SARS-CoV-2:

10. Itinerary (Countries, if necessary states or provinces with departure date)

11. Arrival in Germany

(DD.MM.YYYY)

12. Do you have a test result?

Date of Test:

(DD.MM.YYYY)

Travel companions – Family (if necessary on the back of the form):

	Second (family) name	First Name	Birth date
1.			
2.			
3.			
4.			
5.			

Travel companions – Non family (if necessary on the back of the form):

1.			
2.			

Your information will be passed to the municipality of your residence.