# RECOMMENDED ACTION
## IN CASE OF INFECTION OR SUSPECTED INFECTION WITH COVID-19
### FOR UNIVERSITY STUDENTS

The central team for reporting COVID-19 can be reached at:
Phone 06221 54-19192
E-Mail meldung.corona@uni-heidelberg.de

<table>
<thead>
<tr>
<th>RECOMMENDED ACTION</th>
<th>SYMPTOMS</th>
<th>TEST</th>
<th>CONTACT PERSON</th>
</tr>
</thead>
</table>
| **Recommended action in one of the named situations** (symptoms, positive test, contact person C1, C2). | **I have these symptoms**
 dry cough, high temperature, disorder of sense of taste or smell. | **I have tested positive.** | **Assistance for preliminary self-assessment**
The public health authority will make the final classification. |
| **I am a contact person in Category 1 (C1).** | **I am a contact person in Category 2 (C2).** |
| **No entry**
I am not allowed to enter university buildings or attend on-campus events at the university. To return, however, I do not need to present a negative test result. | X until symptom-free | X until the end of quarantine | X until the end of quarantine |
| **Inform the public health authority**
My doctor or I myself will inform the public health authority. | | X | |
| **Inform the Coronavirus Team**
I will inform the university’s central Coronavirus Team (see above for contact details). | | X | |
| **Sequence of contacts**
I will give as much information as possible about my whereabouts and sequence of contacts in the infectious period to the public health authority or my supervisor, in order to support the assessment of the infection risk for those around me. | | X | |
| **Inform my lecturer**
I will inform my lecturer. | | X | X voluntary, but compulsory if I attended classes on campus |
| **Medical certificate**
If I have to withdraw from an examination for this reason I will submit my doctor’s certificate with a description of my symptoms and/or my quarantine notice to my lecturer. | | X | X |