| Corona-Erkrankter | Vorname | Nachname | Geb.datum | Erkrankungsdatum | Abstrichdatum | Ergebnis |
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**per E-Mail an** fd33@lk-vr.de

| Datum letzter Kontakt | Beschreibung des Kontaktes | Vorname | Nachname | Geb.datum | Tel.Nr. | Stadt | PLZ | Str. | HausNr | E-Mail | Kontaktperson informiert? (Ja/Nein) |
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| *TT.MM.JJJJ* | *(wo, wie, Dauer)* | | | *TT.MM.JJJJ* | | | | | | | |
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