

## Covid-19 NBP Measurement Protocol

Date: \_\_\_\_\_

**Fill out in gloves!**

Lab Room: \_\_\_\_\_

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### **Experimenter Information:**

Experimenter 1: \_\_\_\_\_

Time of Entry: \_\_\_\_\_

Experimenter Contact: \_\_\_\_\_  
(E-Mail or phone number)

Time of Exit: \_\_\_\_\_

☐ I am not experiencing any symptoms of SARS-Cov-2 (Infection of the respiratory tract, cold, cough, shortness of breath, disorders of the sense of smell, hearing or taste, diarrhoea, fever etc.)

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Experimenter 2: \_\_\_\_\_

Time of Entry: \_\_\_\_\_

Experimenter Contact: \_\_\_\_\_  
(E-Mail or phone number)

Time of Exit: \_\_\_\_\_

☐ I am not experiencing any symptoms of SARS-Cov-2 (Infection of the respiratory tract, cold, cough, shortness of breath, disorders of the sense of smell, hearing or taste, diarrhoea, fever etc.)

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### **Participant 1 Information:**

Participant Name: \_\_\_\_\_

Time of Entry: \_\_\_\_\_

Participant Contact: \_\_\_\_\_  
(E-Mail or phone number)

Time of Exit: \_\_\_\_\_

☐ Participant does not belong to a high-risk group

☐ Participant is not experiencing any symptoms of SARS-Cov-2 (Infection of the respiratory tract, cold, cough, shortness of breath, disorders of the sense of smell, hearing or taste, diarrhoea, fever etc.)

☐ Participant attended the lavatory

☐ Participant had another close encounter in the building (less than 1,5 meter distance)

**Participant 2 Information:**

Participant Name: \_\_\_\_\_

Time of Entry: \_\_\_\_\_

Participant Contact: \_\_\_\_\_  
(E-Mail or phone number)

Time of Exit: \_\_\_\_\_

- ☐ Participant does not belong to a high-risk group
- ☐ Participant is not experiencing any symptoms of SARS-Cov-2 (Infection of the respiratory tract, cold, cough, shortness of breath, disorders of the sense of smell, hearing or taste, diarrhoea, fever etc.)
- ☐ Participant attended the lavatory
- ☐ Participant had another close encounter in the building (less than 1,5 meter distance)