Stadt Leipzig

Gesundheitsamt Leipzig
Abteilung Hygiene, SG Krankenhaushygiene

Contact form caMRSA PVL+

patient/ resident/ citizen:

surname:

name:

date of birth:

female ☐
male ☐
diverse ☐

address:

country of origin/ region/ history of travel or migration:

treating physician:

household contacts:

surname	name	date of birth	(family) relationship	telephone	address

decolonization	1st cycle	2nd cycle	3rd cycle
period			
intranasal application			
throat rinse			
body wash			
oral antibiotic			

date	interlocutor	content	comments	sig.