

**Anlage D**

**Medical Certificate**

This is to certify that

name.....

born..... in.....

on the..... (date of sampling)

at..... (time of sampling)

has been tested for the presence of SARS-CoV-2:

molecularbiologically

with an antigen test

**Status report of infection**

SARS-CoV-2

pos:

neg:

Tested in the laboratory: .....

....., on.....

place, date, signature and seal of the certifying medical doctor