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