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		
\square 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		