

Anlage B

Medical Certificate

In accordance with the ordinance of the Federal Minister of Social Affairs, Health, Care and Consumer Protection about measures concerning the entry from SARS-CoV-2 risk areas

This is to certify that

(name).....

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

has been tested on thefor the presence of SARS-CoV-2.

Status report of infection on the date of the test

SARS-CoV-2

pos: ☐

neg: ☐

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

Signature and seal of the certifying medical doctor

☐ Applicable mark with a X