

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 neighbouring countries

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