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 the …………………………..for 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