

Schedule F**Confirmation of absolute medical necessity to use medical service**

This is to confirm that the use of medical service in one of the states listed in § 1 of the Regulation issued by the Federal Minister for Social Affairs, Health, Care and Consumer Protection regarding measures upon entry from Italy, Switzerland, Liechtenstein, Germany, Hungary and Slovenia, Federal Law Gazette II No. 87/2020, as amended,

is an absolute medical necessity for Mr. /Ms. _____ .

Signature or stamp of certifying physician