

Anlage B

Medical Certificate

This is to certify that

name

born in.....

has been tested negative for the presence of SARS-CoV-2 on the (date of sampling) at (time of sampling):

molecularbiologically

with an antigen test; or

has recovered from a recent infection with SARS-CoV-2 since

..... or

has been vaccinated with the vaccine on the following dates:

First vaccination on:

Second vaccination on:

Third vaccination on:

....., On
place, date, signature and seal of the certifying medical doctor