

**Anlage I**

**Medical Certificate (Recovery in line with section 10 Abs. 3)**

This is to certify that

name.....

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

has been infected with SARS-CoV-2 in the last 90 days and has already recovered.

Furthermore, this is to certify the presence of the following requirements:

- At least 14 days have passed since the first detection of SARS-CoV-2 respectively the beginning of the symptoms.
- There have been no symptoms for at least 48 hours.
- By now it can be assumed based on medical laboratory findings, that despite the presence of a positive molecular biological test result, there is currently no risk of infection.

....., On.....

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