

**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: .....

cannot be vaccinated without risk to life or health;

cause: .....

is pregnant.

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

