

**Anlage C**

**Medical Certificate**

**In accordance with the ordinance of the Federal Minister of Social Affairs, Health, Care and Consumer Protection on entry into Austria in connection with the containment of SARS-CoV-2**

This is to certify that

(name).....

born..... in.....has

been tested on the .....at .....for the presence of SARS-CoV-2.

(Date)

(Time)

**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