

**Anlage E**

**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: .....

further vaccination on: .....

.....

.....  
place, date, signature and stamp of the certifying medical doctor