

**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: .....

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

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