

**Anlage B**

**Medical Certificate**

**In accordance with the ordinance of the Federal Minister of Social Affairs, Health, Care and Consumer Protection about measures concerning the entry from SARS-CoV-2 risk areas**

This is to certify that

(name).....

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

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

**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