

Company:

.....

- 1/2 -

Certificate about the Execution of an Antigen Test for the Verification of the SARS-CoV-2 Virus

tested person:

.....
Name, Surname

.....
Address/ Main Residence (street, house No, zipcode, place, country)

.....
Address of current residence, if necessary

.....
Date of Birth

.....
Place of Birth

.....
Phone Number or E-Mail-Address

Which test was carried out?

Corona Virus Antigen Selftest / **Corona Virus Antigen Rapid Test**

.....
Name of the Test

.....
Manufacturer's Name

Test Date: 2021

Time: a.m./ p.m.

Result testified/ executed by / Colleague:

.....
Name, Surname

Test Result: **negative** **positive***

.....
Stamp/ Signature

*The testimony/ certificate of the test result will be forwarded to the local department of health if the test result is positive, see
declaration of consent.

Address:

Phone:

E-Mail:

Internet:

Important indications for positive test result:

- **You are immediately obliged to remain in domestic isolation (>Secretion<). Household members are to be isolated immediately as well.**
You are only allowed to leave the house in case of medical or other emergencies.
- A **PCR-Test** regarding an infection with the SARS-CoV 2 has to be done, in order **to confirm the suspicion. Contact your doctor** for further measures for yourself and your contact person.
- **Please contact the responsible department of health.** The health authority will arrange an isolation with a number of behaviour rules and hygienic measures.
- **Please note the „Quarantine Regulations“!**
Abide by the most important behaviour and hygienic rules in order to protect your relatives from contagion.
 - Distance (if possible, stay in a separate room)
 - Hygiene (wash your hands regularly and thoroughly)
 - Wear a suitable protective mask
 - Air rooms regularly
- **Inform your liaisons (contact person) of the last two weeks about your possible infection.** Write down the names of the people you have had contact with! **Should you notice any health problems, please look for medical attendance at once.**
- **According to defined criteria, the domestic isolation can only be finalised by the responsible department of health.** The domestic isolation also ends when the following PCR-test should be negative.

Declaration of Consent, only for CoViD-19 Antigen Rapid Test

The company

requires my below-mentioned personal data for the purpose of a COVID-19 Antigen rapid test:

.....
Name, Surname

.....
Address/ Main Residence (street, house No, zipcode, place, country)

.....
Date of Birth

.....
Phone Number or E-Mail-Address

- Within the next half an hour you can contact me on the phone:
.....
(Please note that you **have to wear a medical mask** at your working place until you have got a negative test result!)
- I herewith declare that I agree to the implementation of a smear test for the purpose of a qualitative proof of viral SARS-CoV-2 nucleoprotein antigens.
- I agree that my data and results may be forwarded to the local department of health if the test result is positive.

The test only serves for the assessment of viral SARS-CoV-2 nucleoprotein antigens and does not completely eliminate a CoViD-19 infection. The performance of the test takes place in due consideration of all necessary precautionary measures and will be executed by the manufacturer's instructions and respective briefing of skilled personnel.

The person who takes the test has also informed me that I can revoke my declaration of consent. The legitimacy of the ensued processing is not affected by the revocation until the withdrawal upon my consent.

.....
Place

.....
Date

.....
Signature