

Test Result Certificate

PoC-Antigen-Test - SARS-CoV-2

Date of issue: _____

Name of tested person: _____

Date of birth: _____

Sex: _____ Nationality: _____

Travel Document (Ausweis/Reisepass) No.: _____

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

Sample (Check one of the boxes below)	Testing Method for COVID-19	Result (Check one of the boxes below)	① Test Result Date ② Specimen Collection Date and Time
<input type="checkbox"/> Nasopharyngeal Swab	<input type="checkbox"/> PoC Antigen-Test	<input type="checkbox"/> Negative	① _____
<input type="checkbox"/> Saliva	<input type="checkbox"/> Other – Please specify: _____	<input type="checkbox"/> Positive	② _____

Name of Medical institution: **Marlen-Apotheke Hünfeld**

Address of the institution: **Hauptstr. 3, 36088 Hünfeld, Germany**

Contact person: **Klaus Ohlendorf, Klaus Christoph Ohlendorf - Inhaber**

Telephone No. the institution: **+49 6652 / 91 91 23**

Signature by tester: _____

Stamp /
Stempel