

Medical Certificate

pursuant to the Regulation issued by the Federal Minister for Social Affairs, Health, Care and Consumer Protection regarding measures upon entry from Czech Republic

This is to certify that

(name) _____

born on _____ in _____

was tested for SARS-CoV-2 on _____ .

Infection status at time of testing

SARS-CoV-2

pos:

neg:

_____, on _____

Signature and stamp of certifying physician

Please mark as appropriate