

Anlage B

## Medical Certificate

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

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