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-	DIE ENGLISCHE SPRACHFASSUNG DIENT NUR A	LS UBERSETZUNGSHILFE -

- THE ENGLISH I	ANGUAGE	VERSION ONL'	Y SERVES AS A	TRANSLATION TOOL -

	T =		_
Name, First name	Date of birth		<u>Annex</u>
Street, House number		(of section 1, sub-section (9) sentence
Street, House number		<u>C</u>	orona-Test\
Zip code, Place			
ID test person:		Test center:	
Consecutive number		Street, House number	
		Zip code, Place	
		Zip code, i lacc	
		Phone number	
		Email address	
Certificate of the result of the	PoC antigen test:		
Date and time of the PoC antige	n test:		
☐ Proof of a coronavirus SAR	S-CoV-2 infection		
□ No proof of a coronavirus S	SARS-CoV-2 infection		
Information on the used PoC an	tigen test:		
Company:		Stamp of the test center	
PZN (central pharmaceutical nu	mber):		
Place, date, time			
i idoo, dato, tiiIIC			
Signature of the person responsible at the	test center		

Anyone who forges this document or certifies a test that did not take place or certifies a positive test incorrectly as being negative or uses a false document to gain access to a facility or an offering commits an administative offence that can be punished with a fine.