

CWA ID:

No.

Certificate of SARS-CoV-2 antigen test

This is to certify a

- negative** antigen test
 positive antigen test (Report to the health department has been made)

for:

	Last name	First name	
	Address (street, postcode, city)		Date of birth
			I agree to the transfer of the test certificate to the Corona warning app <input type="checkbox"/> yes <input type="checkbox"/> no
	Phone number	Signature	
	Passport number	Subject / in the case of minors, legal representative. With my signature, I agree to the performance of the rapid antigen test and confirm the execution.	

The antigen test was carried out by

	Last name	First name	
	Executing agency (name, address, phone number) DRK (German Red Cross) Local association Obersulm Michelbachstraße 4, 74182 Obersulm GERMANY Phone: +49 172 / 766 95 97		-Stamp (if available)-
			Test ID: AT116/21
	Type of service <input checked="" type="checkbox"/> TestV §12 Abs. 1 <input type="checkbox"/> TestV §12 Abs. 2	Reason for testing <input type="checkbox"/> Contact person <input type="checkbox"/> Outbreak <input type="checkbox"/> Prevention of dissemination <input checked="" type="checkbox"/> Citizen testing	

Data protection information: SARS-CoV-2 is an infection with a pathogen that is notifiable according to the Infection Protection Law (IfSG). In case of a positive test result the institution operating the test is obliged to immediately notify the responsible public health authority according to § 8 Infection Protection Law (IfSG). This must be done by name in accordance with § 9 para. 1 Infection Protection Law (IfSG) and involves transmitting the personal data collected in this form to the responsible health authority. The legal basis for this is Art. 9 para. 2 g) of the General Data Protection Regulation (DSGVO).

	Test date . . .	Signature (<i>testing person</i>)	Transfer of the certificate
	Time :		<input type="checkbox"/> digital <input type="checkbox"/> by paper