



**Nicole Giese**

Privatärztin

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Praxis für die Durchführung von SARS-CoV-2 Schnelltests  
Am Heidekamp 5  
21391 Reppenstedt

I hereby instruct the doctor named above to carry out a SARS-CoV-2 antigen rapid test on me.

I was informed about how the test was carried out, and I was given a corresponding information sheet.

I assure that I am currently healthy and have no typical corona symptoms such as fever, cough, sore throat, headache. I also assure that I have not knowingly had any contact with a person who has been tested positive for SARS-CoV-2 in the past 10 days.

I am also aware that in the event of a positive test result, the doctor is obliged to report this with my personal data to the health department. After taking note of the positive result, I am obliged to immediately go into quarantine at home, inform the health department and have the result confirmed by a PCR laboratory test.

I agree to the result being sent by email.

\_\_\_\_\_

First name

\_\_\_\_\_

Surname

\_\_\_\_\_

Street and house number

\_\_\_\_\_

Postalcode and place

\_\_\_\_\_

Date of birth

\_\_\_\_\_

ID-Card- or passport number

\_\_\_\_\_

Telephone / mobil

\_\_\_\_\_

E-Mail

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

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**Section to be completed by the doctor**

Day and time of testin

\_\_\_\_\_

Date

\_\_\_\_\_

Time

The result is

negative

positive

That means at the time of testing you are

not infectious

infectious



Sticker for Test-ID

\_\_\_\_\_

Date

\_\_\_\_\_

Stamp and signature of doctor

