

Self-Disclosure Covid-Testcenter

Please take the time to fill out this self-disclosure completely and truthfully. I hereby certify,

first name: _____

last name: _____

adress: _____

date of birth: _____

to be entitled to a free rapid corona test for the following reason, I am

- Child / legal guardian of a child up to the 5th birthday
- Person who for medical reasons cannot be vaccinated
- Pregnant in the first 3 months of pregnancy
- Participants in clinical trials against the SARS-CoV-2 virus
- Infected person in quarantine who wants to be free tested
- Caregiver
- Visitor, or person being treated or resident of an inpatient or outpatient nursing home, hospital, rehabilitation or disabled facility
- Recipient of social welfare & employees (§ 29 SGB IX)
- Household member(s) of somebody, who has been proven to be infected

to be entitled to a rapid corona test with an additional payment of 3.00 euros, i am / i have

- Visitor to an indoor event
- Contact with people over 60 years of age on the same day
- contact on the same day with people who have a high risk of contracting COVID-19 due to a previous illness or disability
- a warning with "increased risk" in the RKI's warning app

Kundenlabel hier aufkleben seitens Testpersonal

With my signature, I confirm that the information above is true and that the relevant evidence was presented when registering at the test center.

Location

Date

Signature