



Certificate concerning Antigen-test for SARS-CoV-2 (Covid-19)

[Use block letters as written in passport/travel document]

Passport/ID number	
Surname	
Given name	
Date of birth (yyyy mm dd)	

It is hereby certified that the above has been tested for **SARS-CoV-2 (Covid-19)** with an antigen test taken from the nasopharynx. The test used is a **rapid antigen test manufactured by: ACON Flowflex**, that meets the minimum criteria recommended by the WHO for SARS- CoV-2-Ag rapid tests. $\geq 80\%$ sensitivity and $\geq 97\%$ specificity compared to PCR-test.

DO NOT WRITE BELOW THIS LINE

Date of test	
Time of test (CET)	

TEST RESULT:	NEGATIVE <input type="checkbox"/>	POSITIVE <input type="checkbox"/>
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Medical staff signature:

Stamp: