

Certificate of a positive or negative rapid antigen test result for detecting SARS-CoV-2 Virus



Test result:

- negative
 positive

certified for

Name	First name
Address (Street, House number, Postal code)	Date of Birth
Phone number (mobile)	
E-Mail	
I would like to receive the result by e-mail	
<input type="radio"/> yes <input type="radio"/> no	
Date, Signature	

Test performed by

Name	First name
SC Staig - fiss Fitness- und Gesundheitszentrum Jahnstr. 18, D-89195 Staig Tel. 07346/924363	Stamp
Test Name	
Clungene COVID-19 Antigen Rapid Test	
Test date	Signature performer
Test time	