

Certificate of the existence of a positive or negative antigen test for participation in exams and courses at the Technical University of Ostwestfalen-Lippe

Tested person:

Name (first name, surname): _____

Address: _____

Date of birth: _____

Matriculation number: _____

Rapid antigen test:

Name of the test: CLINITEST Rapid COVID-19 Antigen-Self-Test

Manufacturer: Siemens Health Care

Test date / test time: _____

Valid until: _____

Test performed / supervised by: _____

Test type: self-test under supervision ☐

Test result:

Positive * ☐ Negative ☐

Date / stamp of testing body (service provider) / signature

* If the self-test is positive, the person must avoid direct contact, and strictly adhere to the hygiene and infection control measures. According to § 1 paragraph 7 of the reporting requirement, it is obligated to notify the responsible health department and report the current Corona Test, and the quarantine ordinance must be observed.