

## Medical Certificate

Certificate according to § 20a, 2 Infection Protection Act (IfSG)

Name, First Name:

Date of Birth:

The following proof against Covid- 19 is certified for the above mentioned person:

1st vaccination on: \_\_\_\_\_

2nd vaccination on: \_\_\_\_\_

3rd vaccination on: \_\_\_\_\_

Recovered on: \_\_\_\_\_

(By verified PCR testing not older than three months)

Recovered and vaccinated: \_\_\_\_\_

or

Exemption from Covid- 19 vaccination:

A medical certificate is available stating that due to a medical contraindication, a vaccination against the SARS-CoV-2 coronavirus is not recommended.

The respective proof is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, signature and stamp of physician