

Self-declaration

Remains with SYMEDIC GmbH

Please take the time to fill out this self-declaration completely and truthfully.

Hereby I confirm,

Name, first name _____

Date of birth: _____

to be entitled to do a reduced antigen rapid test for an additional 3,00€ for at least one of the following reasons:

according to legal requirements

- I am a visitor of an indoor event today
- I will be in contact with a person over the age of 60 or with a pre-existing condition or disability today
- I have a red warning within the Corona-Warn-App of the RKI with the status "increased risk"/"erhöhtes Risiko" on display

to be entitled to do a free Corona antigen test for at least one of the following reason:

according to legal requirements

- I am a visitor, patient or resident in an in-patient or out-patient care or hospital facility today
- I am under 5 years old
- I cannot be vaccinated for medical reasons (e.g. pregnant women in the first 3 months)
- I am in quarantine currently and a test is required to end the quarantine
- I live in the same household as a person who has been proven to be infected with the Coronavirus
- I am caring for a relative
- I am a recipient of a "personal budget" according to (§ 29 SGB IX) or an employee thereof
- I am currently participating in studies on Corona vaccines or have participated in them in the past three months.

Customer label to be affixed
here by test personnel

With my signature I confirm that the above information is true.

[City]

_____ corresponds to the date of the above label

Place

Date

Signature