

Declaration of consent for PoC antigen testing

First & last name: _____

Date of birth: _____

Adress: _____

E-Mail: _____

Telephone: _____



I hereby consent to the taking of a sample (swab/body fluids) so that this sample can be further serve as a test for the SARS-CoV-2. I consent to the test being carried out by a trained staff at the testing facility. The facility is entitled to process my personal data and to report my data to the responsible health department in case of a positive result.

- I am aware that the taking of the swab may lead to irritations during or after the smear.
- I understand that the analytical method may lead to false test results. I will not derive any claims to the facility for that.
- I claim that I have no sickness symptoms such as coughing, shortness of breath or breathing difficulties, fever, chills, headache, sore throat or a repeated loss of taste and/or smell.
- I know that the participation in the test is voluntary and that my consent can be withdrawn at any time without giving reasons.

I have been informed about the implementation and the data protection guidelines and hereby confirm that I have understood everything

Place/Date

Signature

Test execution

Date and time of sample : _____

Test result: negative positiv

The test was carried out by: _____
Name, Surname

Signature