

Certificate according to § 19 Containment Ordinance (7th SARS-CoV-2-EindV) on the performance of an antigen self-test for the coronavirus SARS-CoV-2 with a negative test result towards the TH Wildau for students and teaching staff

Due to §19 of the 7th SARS-CoV-2-EindV, from 12 May 2021 onwards, on two specific, non-consecutive days per week, a daily up-to-date (not more than 24 hours ago) certificate of a rapid antigen test or another test for the SARS-CoV-2 coronavirus with a negative test result is a prerequisite for participation in attendance events at the TH Wildau.

The test was carried out without the supervision of a competent person.

Details of the university	
Name	Technische Hochschule Wildau
Full address	Hochschulring 1, 15745 Wildau

Information on the person tested (student, teaching staff)		
Last name	First name	Date of birth
Full address		

Note

In case, that the self-test is positive:

- Stay or go home.
- Inform the Crisis Team at Krisenstab@th-wildau.de.
- If you were planning to attend a course, please also inform the relevant teaching staff.
- Have the test result verified by a PCR test and, to be on the safe side, remain in quarantine at home until the result of the PCR test is available.
- Wait for further information from the responsible public health department.
- For further information, please visit en.th-wildau.de/corona.

Coronavirus Antigen-Selftest

	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First Name	Date	Signature
2	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
3	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
4	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
5	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
6	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
7	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
8	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
9	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature
10	Name of the test	Producer	Date of the test	Time of the test
	The self-test was negative. I confirm this with my name and signature.			
	Last Name	First name	Date	Signature