

Consent form

for taking a swab for the test on the coronavirus SARS-CoV-2 on minors

As a parent or legal guardian, I hereby declare
that I am consent with the SARS-CoV-2 test on my minor.

Name of the minor to be tested

Date of birth

Adress

Telephone number of a parent or legal guardian

E-mail of a parent or legal guardian

Place and date

Name, first name (**in block letters**)
of a parent or legal guardian

.....
Signature

As a parent or legal guardian, I hereby confirm, in accordance with §7, Sec. 5, No. 8 of the German
Test Ordinance, the test execution on the above-mentioned minor by the AC med Corona Test
Center at the above-mentioned date.

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Signature