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## Declaration of consent for the implementation of a POC COVID-19 antigen tests

I consent to carrying out a POC COVID-19 antigen test and I agree in the case of a positive result, that the health department will be informed.

- Male
- Female
- Divers

▶	Last name	First name
	Residential address	
	Date of birth	Telephone number or email address

I have been informed verbally about test implementation and the following privacy information.  
I am also instructed what to do in the case of a positive result.

**Privacy information:** SARS-CoV-2 constitutes an infection with a pathogen subject to mandatory reporting in accordance with the German Protection against Infection Act (IfSG). In the event of a positive test result, the testing centre is required to submit an immediate report to the public health office with jurisdiction as per § 8 of the German Protection against Infection Act (IfSG). This is to be carried out with disclosure of the name as per § 9 (1) of the German Infectious Diseases Protection Act (IfSG), and includes the forwarding of the personal data collected in this initial form to the public health office with jurisdiction. The legal basis for this is Art. 9 (2) g) of the German General Data Protection Regulation (DSGVO). This attestation serves simultaneously as the report form and, after the report is made, must be kept by the testing centre for a period of 4 weeks, after which time it must be destroyed in compliance with privacy regulations.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature