



Declaration of consent for carrying out a test to detect the SARS-CoV-2 virus and for data processing

Personal particulars of tested person:

First Name:
Surname:
Date of Birth:
Street Address and House Number:
Postal Code:
City of Residence:
Country:
Telephone Number:
E-Mail-Address:

I hereby agree:

with the throat swab to take samples for testing for SARS-CoV-2 / COVID-19.

Furthermore, I release all employees of EXPOFIRST GmbH & Co KG who are involved in the examination from their duty of confidentiality for the purpose of communicating the results to the health authority in the event of a positive test result.

If the result is positive, according to IfSG § 6, EXPOFIRST GmbH & CO KG will immediately notify the responsible health authority.

I'm aware that this declaration of release from confidentiality can be revoked at any time with effect for the future. Reports that must be made to the responsible authorities according to the Infection Protection Act cannot be revoked.

Your data will be electronically processed and stored for the creation of the test result.

The Testing station is being managed by EXPOFIRST GmbH & Co KG in co-operation with General Practitioner Dr. Müller, Bad Homburg.

I have read and understood the above text. I expressly agree to this and give my consent with my signature.

Place, date,

Signature

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