



letter of acceptance

to carry out PoC antigen tests for SARS-CoV-2 for minors

I / we hereby grant

(first name, name)

as custodians of the minor

(first name, name, age)

my / our consent to the performance of the PoC antigen test for SARS-CoV-2 by means of a nasopharyngeal smear on the named minor at MediPark Apotheke OHG, Parkstr. 42, 49080 Osnabrück. To do this, the sample is taken through a swab with a cotton swab inserted into the nose. Even if carried out carefully, injuries such as slight bleeding or irritation can occur in individual cases.

I / we are aware that if the test result is positive, the minor must immediately go to quarantine at home and that in the event of a positive test result, the pharmacy is obliged to report the test result by name to the responsible health department.

A negative test result does not mean that a COVID-19 infection can be safely ruled out. The result only represents the health status at the time the test was carried out.

The test result is usually valid for a maximum of 24 hours.

_____, the _____

(town)

(Signature of legal guardian)