

Test Procedure

For the purpose of preventing and controlling the spread of COVID-19, a Corona rapid test is offered to determine if acute COVID-19 infection is present. Participation is voluntary. There is no cost to you by participating in the test. The tests are performed by professionally qualified individuals. Trained personnel from a pharmacy have been assigned to perform the tests. A nasopharyngeal or anterior nasal swab is performed on the test subject.

Please read this document carefully. In order to inform you in case of a positive test result, we need up-to-date contact information and a telephone number where you can be reached. **Please fill in all marked fields.**

If the test result is positive, i.e. indicates an acute COVID-19 infection, the test person is obliged, according to the general decree for the segregation of contact persons of category I, suspected persons and persons tested positive for the coronavirus, applicable for the respective administrative district or district-free city, to segregate himself immediately after becoming aware of the positive test result. In addition, the test person is obligated to inform the respective responsible health office of the positive test result. The health office then makes the further arrangements.

In the event of a positive test result, the pharmacy staff involved are also legally obliged under Sections 6, 7, 8 and 9 of the Infection Protection Act to inform the relevant competent health authority, giving their contact details. The following personal data are processed during the Corona rapid test:

- Surname, first name, date of birth, telephone number and residential address of the test person.
- Details of the examination (type of examination, date)
- test result

The personal data will be processed for the performance of the test and, if necessary, for the reporting of positive test results to the respective competent health authority and will be deleted immediately as soon as they are no longer required for these purposes and for the tracing of infection chains.

Consent: I hereby consent to the performance of the test by the above-mentioned pharmacy. I am aware of the processing of the personal data mentioned on the following page for the purpose of detecting any COVID- 19 infection and, further, for preventing the spread of this disease. I am aware that in the event of a positive test result, the pharmacy has a legal obligation to notify the relevant health authority. I can revoke my consent at any time and with effect for the future. The revocation of my consent does not affect the lawfulness of the processing carried out until the revocation.

Supplementary information on the processing of personal data for PoC antigen testing purposes can be found at <https://www.bad-bramstedt.de/Stadtportal/Corona-Informationen/Testzentrum-Bad-Bramstedt/>.

- Please fill in the reverse side -

Surname, first name and address of the test person

Name, Vorname _____

Born on _____

Address of usual place of residence: _____

Telephone number for contacting: _____

With your signature, you give your consent to the implementation and storage of your personal data according to the conditions stated overleaf.

With your signature you confirm that you are not currently in quarantine and have no symptoms of corona infection such as cough, fever, sore throat, smell or taste disorders.

Date, Signature