

Sample

Confirmation of recovery from COVID-19 disease

Name:

Surname:

Date of birth:

The above person has demonstrably recovered from COVID-19 confirmed by⁽¹⁾:

- a) positive RT-PCR
- b) antigen test
- c) antibodies against Covid-19

in the last 180 days and is exempted from the obligation to being further tested and comply with quarantine measures for this disease

from..... to.....,

unless new symptoms of COVID-19 occur.

⁽¹⁾indicate how the disease was confirmed

In

Dated:

.....
signature and stamp of VLD/VLDD physician

Remark:

A moment of recovery from COVID-19 disease is considered to be a day following the day of ending of isolation or in the event of performance of proof of IgG antibodies by an antibody test by an antibody test, the date of the blood sample taken for the purpose of determination of antibodies.