

## **Confirmation of COVID-19 Self-Test (Rapid Antigen Test)**

(Please give this sheet to the instructor of record / proctor when entering the exam room)

I (name) \_\_\_\_\_, matriculation number \_\_\_\_\_ herewith confirm that I have carried out a COVID-19 Self-Test on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ and the result of the test was

**NEGATIVE.**

I am aware that I may not attend a final exam if the test result is positive or invalid. In such a case I will inform Registrar Services, [healthinfo@jacobs-university.de](mailto:healthinfo@jacobs-university.de) and the instructor of record.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

[\*Negative result: One line next to C shows the test is negative. Positive result: Two lines, one next to C and one next to T show the test is positive. Invalid result: No lines or one line next to T means the test is invalid.]

## **Confirmation of COVID-19 Vaccination**

I (name) \_\_\_\_\_, matriculation number \_\_\_\_\_ herewith confirm that I have been vaccinated against Covid-19 and that the vaccination was completed two weeks ago.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature