Medical Certificate
Anlage B

Medical Certificate

This is to certify that

name........................................................................................................................................

born.................................................................................................................................

☐ has been tested negative for the presence of SARS-CoV-2 on the................................. (date
of sampling) at....................................... (time of sampling):
  ☐ molecularbiologically
  ☐ with an antigen test; or
☐ has recovered from a recent infection with SARS-CoV-2 since
  ................................................. or

☐ has been vaccinated with the vaccine ......................................................... on the following
dates:
  First vaccination on: .............................................................
  Second vaccination on: ...........................................................

.................................................., on........................................
  place, date, signature and seal of the certifying medical doctor

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<td>Prüfinformation</td>
<td>Informationen zur Prüfung des elektronischen Siegels bzw. der elektronischen Signatur finden Sie unter: <a href="https://www.signaturpruefung.gv.at">https://www.signaturpruefung.gv.at</a> Informationen zur Prüfung des Ausdrucks finden Sie unter: <a href="https://www.bundeskanzleramt.gv.at/verifizierung">https://www.bundeskanzleramt.gv.at/verifizierung</a></td>
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www.ris.bka.gv.at
Registration
Anlage E

Registration pursuant to section 3 of the COVID Regulation on entering Austria
(COVID-19-EinreiseV 2021)

I am providing the following data:

First and last name: .................................................................

Date of birth: ..........................................................................

Permanent or temporary residential address or – if different – location of quarantine in Austria (post code, town/city, street, building number, wing, apartment number)

..............................................................................................................

Contact details (telephone number, email address): .................................................................

Country or region of departure: .................................................................................................

Date of entry: ...................................................................................

Date of exit (if applicable): ........................................................................

I spent time in the following countries during the past 10 days:

..............................................................................................................

Please tick as appropriate:

☐ In the past 10 days I spent time exclusively in Austria and/or the countries/regions listed in Appendix 1 (section 5):

Vaccination certificate, recovery certificate or test result is not available: I will take a molecular biological test or an antigen test for SARS-CoV-2 without undue delay, but no later than 24 hours after entering the country.

☐ Entry by air from special countries/regions listed in Appendix 1 (section 5a):

I am entering from Spain or Cyprus via direct flight. I have neither a negative test result of a molecular biological test or medical certificate of such, nor a vaccination certificate pursuant to section 2 (1) number 3 lit. a, b or c or medical certificate of such, nor a recovery certificate pursuant to section 10 (3).

I will immediately accomplish a molecular biological test at the airport. If there is no possibility to do so because of special circumstances, I will take a molecular biological test for SARS-CoV-2 without undue delay, but no later than 24 hours after entering the country.
In the past ten days I spent time in the countries/regions listed under Appendix 2 (section 6):

A negative test result of a molecular biological test or a medical certificate of such or a recovery certificate pursuant to section 10 (3) is available and I fall under at least one of the following groups of persons:

- Austrian citizens, EU/EEA citizens and persons in the same household,
- Swiss citizens and persons in the same household,
- persons with normal place of residence or habitual residence in the EU/EEA or Andorra, Monaco, San Marino, Vatican or Switzerland and persons in the same household,
- foreigners in possession of a photo identification conformable section 5 Amtssitzgesetz, BGBl. I Nr. 54/2021,
- persons with a right of unlimited residence conformable Niederlassungs- und Aufenthaltsgesetz BGBl. I Nr. 100/2005 or Asylgesetz 2005, BGBl. I Nr. 100/2005, for Austria,
- persons in possession of a confirmation on the application conformable Article 18 section 1 of the agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, ABl. L Nr. 29 of January 31. 2020 S 7,
- members of the staff of diplomatic missions or consular representation and persons in the same household,
- Employees of international organisations and persons in the same household,
- persons who are in employment with a domestic regional authority or a public body and whose place of employment is abroad or whose employment is performed abroad, provided that the activity of the domestic regional authority or public body abroad is in the interest of the Republic of Austria,
- persons entering for the purpose of commencing or continuing a course of studies or for the purpose of conducting research,
- persons entering to attend school,
- persons entering the country for professional purposes,
- humanitarian responders,
- an accompanying person within the context of entry for medical reasons conformable § 8,
- persons entering for the purpose of performing a mandatory duty imposed by a court or governmental authority, such as serving summonses to court hearings,
- persons who enter the country due to unforeseeable reasons in the family context that cannot be postponed and are particularly worthy of consideration, such as serious cases of illness, deaths, funerals, births, as well as the care of persons in need of support in emergencies, and
- persons entering the country in connection with planned other important events in the family context such as weddings, baptisms, birthday celebrations or the non-regular visit of a life partner.

I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, without undue delay for ten days and I will not leave the quarantine accommodation during this period. I may take a molecular biological test for SARS-CoV-2 no earlier than on the fifth day after entry. I will cover the costs of such a SARS-CoV-2 test myself. The quarantine shall be deemed to be terminated early, if I am tested negative for the presence of SARS-CoV-2.

Entry is subject to one of the exemptions under section 6 (3): ATTENTION! Only applies to:

- persons entering the country for professional purposes,
  a) to attend an international institution conformable section 2 number 1 Amtssitzgesetz, BGBl. I Nr. 54/2021
  b) in the predominant interest of the Republic of Austria, in particular in a cultural or sporting context, whereby this also applies to supervisors and trainers
- foreigners in possession of a photo identification conformable section 5 Amtssitzgesetz, BGBl. I Nr. 54/2021,
- humanitarian responders,
- an accompanying person within the context of entry for medical reasons conformable section 8,
- persons entering for the purpose of performing a mandatory duty imposed by a court or governmental authority, such as serving summonses to court hearings, and
• persons who enter the country due to unforeseeable reasons in the family context that cannot be postponed and are particularly worthy of consideration, such as serious cases of illness, deaths, funerals, births, as well as the care of persons in need of support in emergencies.

☐ In the past ten days I spent time in other countries/regions (section 7):

Vaccination certificate, recovery certificate or test result is available

I will put myself in self-monitored home quarantine or quarantine in a suitable accommodation, the costs of which I will cover myself, without undue delay for ten days and I will not leave the quarantine accommodation during this period. I may take a molecular biological test for SARS-CoV-2 or antigen test for SARS-CoV-2 no earlier than on the fifth day after entry. I will cover the costs of such a SARS-CoV-2 test myself. The quarantine shall be deemed to be terminated early (at the fifth day after the entry at the earliest) if I am tested negative for the presence of SARS-CoV-2.

☐ Minors under the age of 12:

I am accompanied by an adult who has the obligation to register.

Date ........................................ Signature .................................

The details provided here will be sent to the local authority with responsibility for the place of residence/quarantine and will be destroyed 28 days after the date of entry.

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Confirmation of absolute medical necessity to use medical service
Anlage G

Confirmation of absolute medical necessity to use medical service

This is to confirm that the use of medical services is an absolute medical necessity for

Mr./Mrs./Ms. ..........................................................................................................................

Date of birth.........................................................................................................................

Nationality............................................................................................................................

Reason for the absolute medical necessity: .................................................................

Type of medical treatment: ..............................................................................................

..............................................................................................................................
place, date, signature and stamp of the certifying physician

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Hinweis Dieses Dokument wurde amtssigniert.
Medical Certificate - Recovery
Anlage I

Medical Certificate (Recovery in line with section 10 Abs. 3)

This is to certify that

name........................................................................................................................................................

born.................................................................... in........................................................................

has been infected with SARS-CoV-2 in the last 90 days and has already recovered.

Furthermore, this is to certify the presence of the following requirements:

- At least 14 days have passed since the first detection of SARS-CoV-2 respectively the beginning of the symptoms.
- There have been no symptoms for at least 48 hours.
- By now it can be assumed based on medical laboratory findings, that despite the presence of a positive molecular biological test result, there is currently no risk of infection.

.............................., on..............................
place, date, signature and seal of the certifying medical doctor