



Request for antigen self-test for the detection of the SARS-CoV-2 virus

as well as

Declaration of consent to taking the antigen self-test

Herewith I,

(Surname, First Name)

(Enrollment number)

confirm to have received (an) antigen self-test/s for the detection of the SARS-CoV-2 virus
for calendar week ____ (CW) of the summer semester 2021.

I am aware that after testing positive I must:

- inform Department 5 via e-mail or phone (georg.ebertshaeuser@tu-clausthal.de or -2395),
- quarantine at home immediately as well as
- contact a doctor or the medical hotline 116117 to confirm the test result by a PCR-test and to discuss possible further measures.

The rapid self-tests are not of legally binding significance. I am aware that the rapid self-test represents no more than a snapshot. A negative test result does not rule out a possible Corona-infection. There could also be a false positive, meaning a positive result without an actual infection. The current hygiene measures and the current general hygiene concept still apply even with a negative test result (especially keeping your distance, hand hygiene, wearing face masks, ventilating rooms).

I am also aware that I must not enter TU Clausthal buildings with a positive test result and need to quarantine at home.

In that case, I will contact my doctor or a test center to conduct a PCR-test to clarify the first test result.

I furthermore agree that in case of a positive test result the Study Center may pass on my contact data to the competent health authority.

(Date, Signature)

Information in accordance with art. 13 GDPR: In case of a positive test result, your personal data will be transmitted to the competent health authority in accordance with the German Infection Protection Act (IfSG).