



## Potvrdenie o prekonaní ochorenia COVID-19 Confirmation of overcoming the disease COVID-19

Meno a priezvisko / Name and Surname

Dátum narodenia / Date of birth (yyyy-mm-dd):		
Prekonanie ochorenia COVID-19 potvrdené prostredníctvom: Confirmation of overcoming the disease COVID-19 by:		
Pozitívneho RT-PCR testu Positive RT-PCR test	Pozitívneho Ag testu Positive rapid antigen test	Protilátok proti COVID-19 Antibodies to COVID-19
Dátum testu: Date of test:	(yyyy-mm-dd)	
Dátum potvrdenia: Date of confirmation:	(yyyy-mm-dd)	
Miesto potvrdenia: Place of confirmation:	Slovenská republika Slovak Republic	
Pečiatka a podpis lekára: Stamp and signature of the doctor:		