**COVID 19-Testtagebuch**

Name: _____

Stufe: _____(ABI _____)

Stufenleitung: _____

ALBERTEINSTEINGYMNASIUM
sankt augustin

| KW | Tag | Datum | Testart /-ort | Test: Ort | Ergebnis | Unterschrift AEG (Bürgertestergebnis ist zum Termin in der Schule nachzuweisen!) |
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| | | | Schule / Bürgertest | AEG / | | |
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