Certificate of Testing for COVID-19

Date of issue

Name 　　　　　 　　 ，　　　Passport No. ,

Nationality 　　　 ,　　Date of Birth 　　　　 , Sex 　　 ，

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample（Check one of the boxes below） | Testing for COVID-19（Check one of the boxes below） | Result | ①Result Date②Sampling Date and Time | 　Remarks |
| □ Nasopharyngeal Swab□ Saliva | □ nucleic acid amplification test（real time RT-PCR）□ nucleic acid amplification test （LAMP）□ quantitative antigen test (CLEIA)  |  | ①② |  |

Medical institution

An imprint of a seal

Address of the institution

Signature by doctor

Sample

Certificate of Testing for COVID-19

Date of issue

Name 　　　　　 　　 ，　　　Passport No. ，

Nationality 　　　 ,　　Date of Birth 　　　　 , Sex 　　 ，

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample（Check one of the boxes below） | Testing for COVID-19（Check one of the boxes below） | Result | ①Result Date②Sampling Date and Time | Remarks |
| ☑ Nasopharyngeal Swab□Saliva | □ nucleic acid amplification test（real time RT-PCR）☑ nucleic acid amplification test （LAMP）□ quantitative antigen test (CLEIA)  | Negative | 1. 29th May 2020

②　29th May 2020１PM JST |  |

Medical institution

An imprint of a seal

Address of the institution

Signature by doctor