



Quarantine Station,
Ministry of Health, Labour and Welfare, Government of Japan

Surat Keterangan Pemeriksaan COVID-19
Certificate of Testing for COVID-19

Tanggal penerbitan
Date of issue _____

Nama _____ No. Paspor _____
Name _____ Passport No. _____
Warga Negara _____ Tgl. Lahir _____ Jenis Kelamin _____
Nationality _____ Date of Birth _____ Sex _____

Dengan ini diterangkan bahwa telah dilakukan pemeriksaan COVID-19 terhadap orang tersebut di atas, dan berikut ini adalah hasil dari pemeriksaan tersebut.
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.

Sampel Sample (Ceklis salah satu kotak di bawah ini/Check one of the boxes below)	Metode tes COVID-19 Testing Method for COVID-19 (Ceklis salah satu kotak di bawah ini/Check one of the boxes below)	Hasil Result	① Tanggal keluar hasil Test Result Date ② Tanggal & jam pengambilan sampel Specimen Collection Date and Time	Catatan Remarks
<input type="checkbox"/> Swab Nasofaring <i>Nasopharyngeal Swab</i>	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode RT-PCR) <i>Nucleic acid amplification test (RT-PCR)</i>	<input type="checkbox"/> Negatif <i>Negative</i>	① Date(yyyy/mm/dd) ____ / ____ / ____	
<input type="checkbox"/> Air Liur <i>Saliva</i>	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode LAMP) <i>Nucleic acid amplification test (LAMP)</i>	<input type="checkbox"/> Positif <i>Positive</i> → Tolak Masuk Jepang No Entry into Japan	② Date(yyyy/mm/dd) ____ / ____ / ____ Time AM/PM : ____	
<input type="checkbox"/> Swab Nasofaring dan Orofaring <i>Nasopharyngeal and oropharyngeal swabs</i>	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode TMA) <i>Nucleic acid amplification test (TMA)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode TRC) <i>Nucleic acid amplification test (TRC)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode Smart Amp) <i>Nucleic acid amplification test (Smart Amp)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode NEAR) <i>Nucleic acid amplification test (NEAR)</i> <input type="checkbox"/> Sekuensing Generasi Berikutnya <i>Next generation sequence</i> <input type="checkbox"/> Tes Antigen Kuantitatif* <i>Quantitative antigen test* (CLEIA/ECLIA)</i>			

* Bukan tes antigen kualitatif. / *Not a qualitative antigen test.*

Nama Institusi Medis *Name of Medical institution* _____

Alamat *Address of the institution* _____

Tanda tangan dokter *Signature by doctor* _____

Stempel
An imprint of a seal



Quarantine Station,
Ministry of Health, Labour and Welfare, Government of Japan

Surat Keterangan Pemeriksaan COVID-19
Certificate of Testing for COVID-19

Sample

Tanggal penerbitan
Date of issue _____

Nama _____ No. Paspor _____
Name _____ Passport No. _____
Warga Negara _____ Tgl. Lahir _____ Jenis Kelamin _____
Nationality _____ Date of Birth _____ Sex _____

Dengan ini diterangkan bahwa telah dilakukan pemeriksaan COVID-19 terhadap orang tersebut di atas, dan berikut ini adalah hasil dari pemeriksaan tersebut.
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.

Sampel Sample (Ceklis salah satu kotak di bawah ini/Check one of the boxes below)	Metode tes COVID-19 Testing Method for COVID-19 (Ceklis salah satu kotak di bawah ini/Check one of the boxes below)	Hasil Result	③ Tanggal keluar hasil Test Result Date ④ Tanggal & jam pengambilan sampel Specimen Collection Date and Time	Catatan Remarks
<input checked="" type="checkbox"/> Swab Nasopharynx <i>Nasopharyngeal Swab</i> <input type="checkbox"/> Air Liur Saliva <input type="checkbox"/> Swab Nasofaring dan Orofaring <i>Nasopharyngeal and oropharyngeal swabs</i>	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (RT-PCR) <i>Nucleic acid amplification test (RT-PCR)</i> <input checked="" type="checkbox"/> Tes Amplifikasi Asam Nukleat (LAMP) <i>Nucleic acid amplification test (LAMP)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (TMA) <i>Nucleic acid amplification test (TMA)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (TRC) <i>Nucleic acid amplification test (TRC)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Smart Amp) <i>Nucleic acid amplification test (Smart Amp)</i> <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode NEAR) <i>Nucleic acid amplification test (NEAR)</i> <input type="checkbox"/> Sekuensing Generasi Berikutnya <i>Next generation sequence</i> <input type="checkbox"/> Tes Antigen Kuantitatif* <i>Quantitative antigen test* (CLEIA/ECLEIA)</i>	<input checked="" type="checkbox"/> Negatif <i>Negative</i> <input type="checkbox"/> Positif <i>Positive</i> → Tolak Masuk Jepang No Entry into Japan	① Date(yyyy/mm/dd) <u>2021/3/7</u> ② Date(yyyy/mm/dd) <u>2021/3/6</u> Time AM/PM <u>1:00</u>	

* Bukan tes antigen kualitatif.
Not a qualitative antigen test.

Nama Institusi Medis *Name of Medical institution* _____

Alamat *Address of the institution* _____

Tanda tangan dokter *Signature by doctor* _____

Stempel
An imprint of a seal