



关于 COVID-19 的检测证明
Certificate of Testing for COVID-19

交付年月日
Date of issue _____

姓名 _____ 护照号码 _____
Name _____, Passport No. _____
国别 _____ 出生年月日 _____ 性别 _____
Nationality _____, Date of Birth _____, Sex _____

上述人员进行的 COVID-19 检测，检测结果如下。特此交付此证明。
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.

| 采样类型 Sample (选择下列之一 /Check one of the boxes below) | 检测方法 Testing Method for COVID-19 (选择下列之一 /Check one of the boxes below) | 结果 Result | ①结果确定时间 Test Result Date ②采样时间 Specimen Collection Date and Time | 备注 Remarks |
|--|---|---|---|---------------|
| <input type="checkbox"/> 鼻咽拭子 Nasopharyngeal Swab <input type="checkbox"/> 唾液 Saliva <input type="checkbox"/> 鼻咽拭子和口咽拭子的 混合 Nasopharyngeal and oropharyngeal swabs | <input type="checkbox"/> 核酸增幅检测 (RT-PCR 法) Nucleic acid amplification test (RT-PCR) <input type="checkbox"/> 核酸增幅检测 (LAMP 法) Nucleic acid amplification test (LAMP) <input type="checkbox"/> 核酸增幅检测 (TMA 法) Nucleic acid amplification test (TMA) <input type="checkbox"/> 核酸增幅检测 (TRC 法) Nucleic acid amplification test (TRC) <input type="checkbox"/> 核酸增幅检测 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) <input type="checkbox"/> 核酸增幅检测 (NEAR 法) Nucleic acid amplification test (NEAR) <input type="checkbox"/> 下一代测序 Next generation sequence <input type="checkbox"/> 抗原定量检测* Quantitative antigen test* (CLEIA/ECLEIA) | <input type="checkbox"/> 阴性 Negative <input type="checkbox"/> 阳性 Positive →不可入境 No entry into Japan | ① Date(yyyy /mm /dd) ____ / ____ / ____ ② Date(yyyy /mm /dd) ____ / ____ / ____ Time AM/PM : ____ | |

* 并非抗原定性检测。
Not a qualitative antigen test.

医疗机构名称 Name of Medical institution _____
地址 Address of the institution _____
医生签名 Signature by doctor _____

图章
An imprint of a
seal



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