



**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 <i>Sample</i> (Ceklis salah satu kotak di bawah ini/ <i>Check one of the boxes below</i>)	Metode tes COVID-19 <i>Testing Method for COVID-19</i> (Ceklis salah satu kotak di bawah ini/ <i>Check one of the boxes below</i>)	Hasil <i>Result</i>	① Tanggal keluar hasil <i>Test Result Date</i> ② Tanggal & jam pengambilan sampel <i>Specimen Collection Date and Time</i>	Catatan <i>Remarks</i>
<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"/> Swab Nasal* ² <i>Nasal Swab</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) / /	
<input type="checkbox"/> Air Liur <i>Saliva</i>	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode TMA) <i>Nucleic acid amplification test (TMA)</i>		Time AM/PM : _____	
<input type="checkbox"/> Swab Nasofaring dan Oorfaring <i>Nasopharyngeal and oropharyngeal swabs</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* ¹ <i>Quantitative antigen test (CLEIA/ECLIA)</i>			

*1 Bukan tes antigen kualitatif.

Not a qualitative antigen test.

*2 Swab Nasal berlaku jika menggunakan metode tes amplifikasi asam nukleat.

Nasal Swab is valid when the test method is Nucleic acid amplification 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



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Sample

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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	Catatan Remarks
<input checked="" type="checkbox"/> Swab Nasopharynx <i>Nasopharyngeal Swab</i> <input type="checkbox"/> Swab Nasal* ² <i>Nasal Swab</i> <input type="checkbox"/> Air Liur Saliva <input type="checkbox"/> Swab Nasofaring dan Oorfaring <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* ¹ <i>Quantitative antigen test (CLEIA/ECLIA)</i>	<input checked="" type="checkbox"/> Negatif <i>Negative</i> <input type="checkbox"/> Positif <i>Positive</i> → Tolak Masuk Jepang No Entry into Japan	① Tanggal keluar hasil <i>Test Result Date</i> 2021/ 3 / 7 ② Tanggal & jam pengambilan sampel <i>Specimen Collection Date and Time</i> 2021/ 3 / 6 Time AM/PM 1:00

*1 Bukan tes antigen kualitatif.

Not a qualitative antigen test.

*2 Swab Nasal berlaku jika menggunakan metode tes amplifikasi asam nukleat.

Nasal Swab is valid when the test method is Nucleic acid amplification 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