



**Sertipiko ng Pagsusuri para sa COVID-19
Certificate of Testing for COVID-19**

Petsa na inisyu
Date of issue _____

Pangalan _____ Numero ng pasaporte _____
Name _____, Passport No. _____,
Nasyonalidad _____ Araw ng kapanganakan _____ Kasarian _____
Nationality _____, Date of Birth _____, Sex _____

Ang mga sumusunod ay ang resulta ng pagsusuri para sa COVID-19 na isinagawa sa taong nabanggit sa itaas. Kaya i-iisyu namin ang sertipikong ito.
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 na nakolekta Sample (Lagyan ng tsek ang alinman sa ibaba/Check one of the boxes below)	Paraan ng pagsusuri Testing Method for COVID-19 (Lagyan ng tsek ang alinman sa ibaba/Check one of the boxes below)	Resulta Result	① Petsa ng Resulta ng Test Test Result Date ② Petsa at Oras ng Pagkolekta ng Sample Specimen Collection Date and Time	Remarks
<input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab * ² <input type="checkbox"/> Laway <i>Saliva</i> <input type="checkbox"/> Nasopharyngeal at oropharyngeal swabs <i>Nasopharyngeal and oropharyngeal swabs</i>	<input type="checkbox"/> Nucleic acid amplification test (RT-PCR) <input type="checkbox"/> Nucleic acid amplification test (LAMP) <input type="checkbox"/> Nucleic acid amplification test (TMA) <input type="checkbox"/> Nucleic acid amplification test (TRC) <input type="checkbox"/> Nucleic acid amplification test (Smart-Amp) <input type="checkbox"/> Nucleic acid amplification test (NEAR) <input type="checkbox"/> Next generation sequence <input type="checkbox"/> Quantitative antigen test * ¹ <i>Quantitative antigen test (CLEIA/ECLIA)</i>	<input type="checkbox"/> Negatibo <i>Negative</i> <input type="checkbox"/> Positibo <i>Positive</i> →Hindi maaaring pumasok sa Japan <i>No entry into Japan</i>	① Petsa (taon/buwan/araw) Date(yyyy/mm/dd) _____ / _____ / _____ ② Petsa (taon/buwan/araw) Date(yyyy/mm/dd) _____ / _____ / _____ Oras AM/PM Time AM/PM : _____	

*1 Hindi ito qualitative antigen test.

Not a qualitative antigen test.

*2 Valid lamang ang Nasal Swab kung ang paraan ng pagsusuri ay Nucleic acid amplification test.

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

Pangalan ng institusyong medical *Name of Medical institution*

Print ng selyo
An imprint of a seal

Address ng institusyon *Address of the institution*

Pangalan ng doktor *Signature by doctor*



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<input checked="" type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Nasal Swab*2 <input type="checkbox"/> Laway Saliva <input type="checkbox"/> Nasopharyngeal at oropharyngeal swabs Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> Nucleic acid amplification test (RT-PCR) <input checked="" type="checkbox"/> Nucleic acid amplification test (LAMP) <input type="checkbox"/> Nucleic acid amplification test (TMA) <input type="checkbox"/> Nucleic acid amplification test (TRC) <input type="checkbox"/> Nucleic acid amplification test (Smart-Amp) <input type="checkbox"/> Nucleic acid amplification test (NEAR) <input type="checkbox"/> Next generation sequence <input type="checkbox"/> Quantitative antigen test *1 Quantitative antigen test (CLEIA/ECLIA)	<input checked="" type="checkbox"/> Negatibo Negative <input type="checkbox"/> Positibo Positive →Hindi maaaring pumasok sa Japan No entry into Japan	① Petsa (taon/buwan/araw) Date(yyyy /mm /dd) 2021 / 4 / 2 ② Petsa (taon/buwan/araw) Date(yyyy /mm /dd) 2021 / 4 / 1 Oras AM/PM Time AM/PM 2 :30	

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