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 Date  ②Sampling Date and Time | Remarks |
| □ Nasopharyngeal Swab  □ Saliva | □ nucleic acid amplification test（real time RT-PCR）  □ nucleic acid amplification test （LAMP）  □ quantitative antigen test (CLEIA) |  | ①  ② |  |

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 | ①  Result Date  ②  Sampling 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 2020  １PM JST |  |

Medical institution

An imprint of a seal

Address of the institution

Signature by doctor