



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

インドネシア語
Indonesian

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.

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

* *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

Sample

インドネシア語
Indonesian

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.

Sampel Sample (Check one of the boxes below)	Metode tes COVID-19 Testing Method for COVID-19 (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 checked="" type="checkbox"/> Swab Nasopharynx Nasopharyngeal Swab <input type="checkbox"/> Air Liur Saliva	<input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode RT-PCR) Nucleic acid amplification test (RT-PCR) <input checked="" type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode LAMP) Nucleic acid amplification test (LAMP) <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode TMA) Nucleic acid amplification test (TMA) <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode TRC) Nucleic acid amplification test (TRC) <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode Smart Amp) Nucleic acid amplification test (Smart Amp) <input type="checkbox"/> Tes Amplifikasi Asam Nukleat (Metode NEAR) Nucleic acid amplification test (NEAR) <input type="checkbox"/> Sekuensing Generasi Berikutnya Next generation sequence <input type="checkbox"/> Tes Antigen Kuantitatif* Quantitative antigen test* (CLEIA)	<input checked="" type="checkbox"/> Negatif Negative <input type="checkbox"/> Positif Positive → Tolak masuk Jepang No entry into Japan	① Date (yyyy /mm /dd) <u>2021 / 4 / 2</u> ② Date (yyyy /mm /dd) <u>2021 / 4 / 1</u> Time AM <u>PM</u> <u>2 :30</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