



# Certificate of Testing for COVID-19

Name (Last)	KEISAN
Name (Middle)	
Name (First)	TARO
Gender	M
Age	30 y/o
Date of Birth (dd/mm/yyyy)	01/01/1991
Nationality	JAPAN
Passport No.	NH1234567

This form certifies the following result, confirmed through testing for COVID-19 conducted on specimen taken from the above-mentioned individual.

1) Date of Examination (dd/mm/yyyy)	05/08/2021	
2) Testing for COVID-19		
Specimen	Testing for COVID-19	Result
Nasopharyngeal swab	Nucleic acid amplification test (Real Time RT-PCR)	<u>Negative</u> ( Not detected )  *Specimen Collection Date (dd/mm/yyyy HH:mm) 06/08/2021 3:50 PM JST
Remarks:		

Date of Issue (dd/mm/yyyy) : 06/08/2021

Name of Physician : Keisan Hanako

Name of Medical Institution : METI Clinic

Address : #1F Kasumigaseki Building, 1-3-1, Kasumigaseki, Chiyoda-ku, Tokyo

Contact Number : +810-0000-0000