

# Certificate of Testing for COVID-19

Name (Last)	
Name (Middle)	
Name (First)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	

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

1) Date of Examination (dd/mm/yyyy)		
2) Testing for COVID-19		
Specimen	Testing for COVID-19	Result
Collection Institute		*Specimen Collection Date (dd/mm/yyyy HH:mm)
Remarks:		

Date of Issue (dd/mm/yyyy) :

Name of Physician :

Signature \_\_\_\_\_

Medical license No. :

Name of Medical Institution :

Address :

Contact Number



# 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 aforementioned 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 )
Collection Institute METI Clinic		*Specimen Collection Date (dd/mm/yyyy H:mm) 06/08/2021 3:51 PM JST
Remarks:		

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

Name of Physician :                                  Keisan Hanako                                  Signature \_\_\_\_\_

Medical license No. :                                  0000000

Name of Medical Institution :                                  METI Clinic

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

Contact Number                                  +810-0000-0000

