

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.	
Address in Japan	
Your Destination Address	
Date of Entry	

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 _____

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
Address in Japan	#1F Kasumigaseki Building, 1-4-1, Kasumigaseki, Chiyoda-ku, Tokyo
Your Destination Address	Lieu Giai Street, Ba Dinh District, Hanoi, Viet Nam
Date of Entry	06/08/2021

This form certifies the following result, confirmed through testing for COVID-19 conducted on specimen taken from the 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)	Negative (Not detected)
Collection Institute METI Clinic		*Specimen Collection Date (dd/mm/yyyy HH:mm) 06/08/2021 3:52 PM JST
Remarks:		

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

Name of Physician : Keisan Hanako

Signature _____

Name of Medical Institution : METI Clinic

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

Contact Number : +810-0000-0000

