

Certificate of Testing for Covid-19

| | |
|---------------------------|--|
| Name(First) | |
| Name(Last) | |
| Gender | |
| Age | |
| Date of Birth(dd/mm/yyyy) | |
| Nationality | |
| Passport No. | |

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

| 1) Date of the Examination (dd/mm/yyyy) | | |
|--|---|---|
| 2) Testing for Covid-19 | | |
| Specimen | Testing for Covid-19 | Result |
| <input type="checkbox"/> Nasopharyngeal Sawb | <input checked="" type="checkbox"/> Nucleic acid amplification test/ real time RT-PCR | Negative (Not detected) |
| <input checked="" type="checkbox"/> Salvia | | |
| Collection Institute | <input type="checkbox"/> Antigen test | ※ Specimen Collection Date (dd/mm/yy HH:mm am/pm) |
| Kotobiken Medical Laboratories | | |
| Remarks: | No remarkable findings | (BT: °C) |

Date of issue (dd/mm/yy):

Name of Physician: Shunsuke Iwamoto M.D.

Signature _____



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