

Certificate of Testing for COVID-19

Date of issue \_\_\_\_\_

Name \_\_\_\_\_, Passport No. \_\_\_\_\_,

Nationality \_\_\_\_\_, Date of Birth \_\_\_\_\_, Gender \_\_\_\_\_,

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.

검체채취 Sample (Check one of the boxes below)	검사법 Testing for COVID-19 (Check one of the boxes below)	검사결과 Result	①결과 판정일 Result Date ②검체채취일자 및 시간 Sampling Date and Time	비고 Remarks
<input type="checkbox"/> 비인두도말물 Nasopharyngeal Swab  <input type="checkbox"/> 타액 Saliva	<input type="checkbox"/> 핵산증폭검사 (real time RT-PCR 법) nucleic acid amplification test (real time RT-PCR)  <input type="checkbox"/> 핵산증폭검사 (LAMP 법) nucleic acid amplification test (LAMP)  <input type="checkbox"/> 항원검사 antigen test (CLEIA)		①  ②	

Medical institution \_\_\_\_\_

Address of the institution \_\_\_\_\_

Signature by doctor \_\_\_\_\_

직인