

NAKA KIDS CLINIC PEDIATRICS

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Certificate of PCR Test for SARS-CoV-2

Client Name : _____ (_____) Gender : **female/male** Date of Birth : **DD/MMM/YYYY**
(last) (first) (middle) (Japanese)

No. of Passport : _____ Nationality : Japan Age : **XX** years old Clinic ID : **00000**

Address in Japan : _____

Visiting country: _____ Scheduled date of entry: _____

Where applicant intends to stay in the visiting country(address) _____

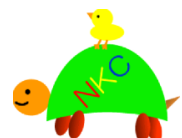
Assessment :

- 1) Close contact with a person with COVID-19 (probable or confirmed) while they were ill without taking appropriate precautionary measures within the last two weeks
 Yes No
- 2) Clinical symptoms such as cough, shortness of Breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.
 Yes No
- 3) Laboratory result

Sample (Check one of the boxes below)	Testing for COVID-19 (Check one of the boxes below)	Result	① Result Date ② Sampling Date and Time	Remarks
<input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Saliva	<input checked="" type="checkbox"/> nucleic acid amplification test (real time RT-PCR) <input type="checkbox"/> nucleic acid amplification test (LAMP) <input type="checkbox"/> antigen test (CLEIA)		① DD/MMM/YYYY ② DD/MMM/YYYY ○○:○○ Japan Standard Time	

Comments:

Based on the above information, the person named above is currently healthy and unlikely infected with SARS-CoV-2. Therefore, he or she is fit for flight/work at the current health condition.



DATE OF ISSUE : _____

PHYSICIAN (Signature) : Ryouichi Kashiwagi, M.D.