

Example (実物例)

Name of laboratory and address.
検査機関の名前と住所、承認行政機関の名称

Health Certificate

Date of issue

発行日

Name 名前	
Gender 性別	
Date of Birth 生年月日	
Number of Passport	パスポート番号

Authorizer's name of laboratory: 検査所の責任者の氏名

Inspection agency name: 検査所の名前

Registration agency name: 検査所の承認行政機関と所属

●Inspection results

Inspection date and time ; 検体採取時間

Test result approval date ; 検査所でPCR検査を行った日

Test method ; RT-PCR (Real-Time Reverse Transcription-Polymerase Chain Reaction) リアルタイムRT-PCR検査

The reagent for the test ; Takara SARS-CoV-2 Direct PCR Detection Kit 検査試薬の名称(厚生省承認試薬を使用)

The equipment for the test ; CronoSTARTM 96 Real-Time PCR System (6ch) 検査機械の名称

The name of the laboratory ; 検査所の名前

Sample collection method: 採取方法

SARS-CoV-2 (Covid-19) ; Negative (Not detected) 陰性の旨の明記
(examined on the same day as the above examination)

●Medical examination

1) No close contact with a person with COVID-19(probable or confirmed) while they were ill without taking appropriate precautionary measures the last two weeks.

2) No clinical symptoms such as chills, cough, sore throat, sneezing, shortness of breath, fatigue, muscle pain, headache, vomiting, diarrhea, or new loss of taste or smell

3) Clinical Manifestation

Body Temperature: °C

No fever/ No dyspnea

Others: No remarkable findings

Comments:

I hereby certify that the person named above is currently healthy and unlikely infected with SARS-CoV-2 based on the above information. Therefore, they are fit for air travel at the current health condition.

Name of doctor/license number
医師名・医籍登録番号 (医師免許の番号)

Affiliated medical institution
医師の所属医療機関