## COVID-19 に関する検査証明 Certificate of Testing for COVID-19

|                      |               | Date of issue_ |   |
|----------------------|---------------|----------------|---|
|                      |               | 交付年月日          |   |
| 氏 名                  | パスポート番号       |                |   |
| Name                 |               | ,              |   |
| 国籍                   | 生年月日          | 性別             |   |
| Nationality <u>,</u> | Date of Birth | , Sex          | , |

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。 よって、この証明を交付する。

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.

| 採取検体             | 検査法                    | 結果     | ①決定年月日                 | 備考      |
|------------------|------------------------|--------|------------------------|---------|
| Sample           | Testing for COVID-19   | Result | Result Date            | Remarks |
| (下記いずれかをチ        | (下記いずれかをチェック/          |        | ②検体採取日時                |         |
| エック/Check one of | Check one of the boxes |        | Sampling Date and Time |         |
| the boxes below) | below)                 |        |                        |         |
| □鼻咽頭ぬぐい液         | □核酸増幅検査(real           |        | 1                      |         |
| Nasopharyngeal   | time RT-PCR 法)         |        |                        |         |
| Swab             | nucleic acid           |        | 2                      |         |
|                  | amplification test     |        |                        |         |
|                  | (real time RT-PCR)     |        |                        |         |
| □唾液 Saliva       | □核酸増幅検査(LAMP           |        |                        |         |
|                  | 法)                     |        |                        |         |
|                  | nucleic acid           |        |                        |         |
|                  | amplification test     |        |                        |         |
|                  | (LAMP)                 |        |                        |         |
|                  | □抗原定量検査                |        |                        |         |
|                  | antigen test (CLEIA)   |        |                        |         |
|                  |                        |        |                        |         |

| 医療機関名 Medical institution     |         |         |
|-------------------------------|---------|---------|
| 住所 Address of the institution | An impi | rint of |
| 医師名 Signature by doctor       | a seal  | 印影      |

Sample

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|                      |               | Date of issue                                  |   |
|----------------------|---------------|--|---|
|                      |               | 交付年月日  |   |
| 氏 名                  | パスポート番号       |  |   |
| Name                 | , Passport No | <u>,                                      </u> |   |
| <b>国籍</b>            | 生年月日          | 性別   |   |
| Nationality <u>,</u> | Date of Birth | , Sex  | , |

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。 よって、この証明を交付する。

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|------------------|------------------------|----------|-----------------------------|---------|
| Sample           | Testing for COVID-19   | Result   | Result Date                 | Remarks |
| (下記いずれかをチ        | (下記いずれかをチェック/          |          | ②検体採取日時                     |         |
| エック/Check one of | Check one of the boxes |          | Sampling Date and Time      |         |
| the boxes below) | below)                 |          |                             |         |
| ✓鼻咽頭ぬぐい液         | □核酸増幅検査(real           | Negative | ① 29 <sup>th</sup> May 2020 |         |
| Nasopharyngeal   | time RT-PCR 法)         |          |                             |         |
| Swab             | nucleic acid           |          | ② 29 <sup>th</sup> May 2020 |         |
|                  | amplification test     |          | 1 PM JST                    |         |
|                  | (real time RT-PCR)     |          |                             |         |
| □唾液 Saliva       | ☑核酸増幅検査(LAMP           |          |                             |         |
|                  | 法)                     |          |                             |         |
|                  | nucleic acid           |          |                             |         |
|                  | amplification test     |          |                             |         |
|                  | (LAMP)                 |          |                             |         |
|                  | □抗原定量検査                |          |                             |         |
|                  | antigen test (CLEIA)   |          |                             |         |

| 医療機関名 Medical institution     |               |
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