

サンプル

Certificate of Testing for COVID-19

Date of issue XX / XX / 2023

Name ; TARO TAKANAWA

Passport NO. ; TR0000000

Nationality ; Japan

Date of birth ; 01/09/2021

Sex ; male

No fever,cough,sore throat,sneeze,dyspnea

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.

Sample ; Nasopharygeal Swab

Testing for COVID-19 ; nucleic acid amplification test(real time RT-PCR)

Sample date/time ; AM X:XX XX / XX / 2023

Result ; Negative

SHIROKANE TAKANAWA STATION CLINIC OF INTERNAL MEDICINE AND DIABETES

Address ; 2F,Takanawa NY Bldg,1-4-13 Takanawa, Minato-ku,Tokyo 108-0074, Japan

TEL ; +81-3-6456-2939

Name of Physician (Signature) ;