

Health Certificate for COVID-19

Date : DD/MMM/YYYY

Client Name :
Gender :
Age :
Address :
Passport No. :
Date of Birth : DD/MMM/YYYY
Date of Examination : DD/MMM/YYYY

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 fever, 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 (examined on the same day as the examination) PCR test for SARS-CoV-2(using Saliva): Negative (Not detected)

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.

2-7-23, Fukae Minami, Higashinari-ku, Osaka-city, Japan

Keiyu-kai Naito Hospital

Physician's Name : XXXX XXXX M.D.

Signature : _____