

Sample

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
AM/PM

Laboratory result (examined on the same day as the examination)

PCR test for SARS-CoV-2(using Saliva): Negative (Not detected)

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

Keiyu-kai Naito Hospital

Physician's Name : XXXX XXXX M.D.

Signature : _____