

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

Sample

(交付年月日)

Date of issue _____

(氏名)

Name _____

(パスポート番号)

Passport No. _____

(国籍)

Nationality _____

(生年月日)

Date of Birth _____

(性別)

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 Sample (下記いずれかをチェック /Check one of the boxes below)	検査法 Testing for COVID-19 (下記いずれかをチェック /Check one of the boxes below)	結果 Result	①決定年月日 Result Date ②検体採取日時 Sampling Date and Time	備考 Remarks
<input type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab <input checked="" type="checkbox"/> 唾液 Saliva	<input checked="" type="checkbox"/> 核酸増幅検査 (real time RT-PCR法) nucleic acid amplification test (real time RT-PCR) <input type="checkbox"/> 核酸増幅検査 (LAMP法) nucleic acid amplification test (LAMP) <input type="checkbox"/> 抗原定量検査 quantitative antigen test (CLEIA)	Negative	① 5 th Jan 2021 ② 4 th Jan 2021 12PM JST	

(医療機関名) Medical institution

Japan Community Health care Organization
Kani Tono Hospital

(住所) Address of the institution

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509-0206, Japan

(医師名) Signature by doctor

Yoshihiko Kishida

An imprint of
a seal 印影