

Health Certificate for COVID-19

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	

1) Date of Examination (dd/mm/yyyy)	/ /	
2) 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	
3) Clinical symptoms such as cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.	YES / NO	
4) Clinical Manifestation	BT: _____ °C Others:	
5) Testing for COVID-19 (examined on the same day as the examination)		
Sample	Testing for COVID-19	Laboratory result
<input type="checkbox"/> Saliva	<input type="checkbox"/> Nucleic acid amplification test (Real Time RT-PCR)	<p style="text-align: center;"><u>Negative</u> (Not detected)</p> <p>*Sample Date (dd/mm/yyyy); / /</p> <p style="text-align: center;">Sample Time AM PM</p>

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.

Date of Issue (dd/mm/yyyy) : / /

Address of the institution : 328 Tomitsuka, Nakaku, Hamamatsu, 432-8580, Japan

Medical institution : Hamamatsu Medical Center

Signature of Physician :