

Certificate of Testing for COVID-19

| | |
|---------------------------|-------------|
| Name | XXXX XXXX |
| Gender | Male/Female |
| Age | XX |
| Date of Birth(dd/mm/yyyy) | dd/mm/yyyy |
| Nationality | JAPAN |
| Passport No. | XXXXXXXXXX |

This form certifies the following result, confirmed through testing for COVID-19 conducted on specimen taken from the aforementioned individual.

| 1) Date of Examination(dd/mm/yyyy) | dd/mm/yyyy | |
|------------------------------------|-----------------------|--|
| 2) Testing for COVID-19 | | |
| Specimen | Testing for COVID-19 | Result |
| Nasopharyngeal Swab | COVID-19 antigen test | Negative (Not detected) Specimen Collection Date (dd/mm/yyyy HH:mm) dd/mm/yyyy hh:mmAM JST |
| Remarks: | | |

Date of Issue(dd/mm/yyyy):

dd/mm/yyyy

Name of Physician:

NAGAO JUNICHI

Signature _____

Name of Medical Institution:

Nagao Jibiinkoka (Nagao ENT clinic)

Address:

#2F Peacock Plaza, 3-13, Yokodai, Isogo-ku,
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