

Health Certificate for SARS-CoV-2

Name (First,Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport Number	

1) Date of Examination(dd/mm/yyyy)	Sample date : (dd/mm/yyyy) Result date : (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.	<input type="checkbox"/> YES / <input type="checkbox"/> 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 for the last two weeks.	<input type="checkbox"/> YES / <input type="checkbox"/> NO
4) Clinical Manifestation	BT: _____°C Others:
5) Result of real-time RT-PCR test for SARS-CoV-2: <input type="checkbox"/> (Saliva) <input type="checkbox"/> (nasopharyngeal swab)	Negative (Not detected)

Based on the above information,the person named above is currently healthy,fit for travel and unlikely infected with SARS-CoV-2

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

Signature of Physician :

Name of Physician(Printed) :

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