

Certificate of Testing for COVID-19

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

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)	/ /	
2) Testing for COVID-19		
Specimen	Testing for COVID-19	Result
<input type="checkbox"/> Nasopharyngeal swab <input checked="" type="checkbox"/> Saliva	<input checked="" type="checkbox"/> Nucleic acid amplification test (Real Time RT-PCR) <input type="checkbox"/> Nucleic acid amplification test (LAMP) <input type="checkbox"/> Antigen test (CLEIA)	<u>Negative</u> (Not detected) * Specimen Collection Date (dd/mm/yyyy HH:mm) / / : AM JST
Collection Institute		
Tashiro Clinic		
Remarks:		

Date of issue (dd/mm/yyyy): _____

Name of Physician: KEITARO TASHIRO, M.D., Ph.D.

Signature _____



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