

COVID19 Test Result Government Form Example

①～⑧ must be filled out by the test institution. If any of the items are missing, passengers are not allowed to board the flight.

Please make sure the document when you receive the certificate.
Correction tapes are not allowed.

<p>1 Date of issue</p> <p>Date of issue of this certificate</p>	<p>5 Result</p> <p>Only negative is acceptable.</p>
<p>2 Personal Information</p> <p>Passenger can fill out passport number, nationality etc., if missing.</p>	<p>6 Test Result Date</p> <p>Date results came out.</p>
<p>3 Sample</p> <p>Only 3 types of sample are valid. Other samples are invalid. Check only one.</p>	<p>7 Specimen Collection Date/Time</p> <p>Test must be done within 72 hours before departure time of the flight. [Example] Frankfurt → Haneda flight departs at May 29th 13h30, test must be performed after May 26th 13h30 (in Germany).</p>
<p>4 Testing Method</p> <p>8 types of testing methods are valid. Other testing methods are invalid. Check only one.</p>	<p>8 Name of Medical Institution</p> <p>Name of medical institution and doctor's signature are required. (Medical institution's stamp is acceptable)</p>



Quarantine Station,
Ministry of Health, Labour and Welfare, Japanese Government

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

1 交付年月日
Date of issue 2021/ 5/ 28

2 氏名 Sorano Taro パスポート番号 XXXXXXXX
Name Sorano Taro Passport No. XXXXXXXX
国籍 Japan 生年月日 YYYY/MM/DD 性別 Male
Nationality Japan Date of Birth YYYY/MM/DD, Sex Male

3 上記の者のCOVID-19に関する検査を行った結果、検査結果は下記のとおりである。
よって、この検査結果を証明する。
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 Method for COVID-19 (下記いずれかをチェック/Check one of the boxes below)	結果 Result	①結果判明日 Test Result Date ②検体採取日時 Specimen Collection Date and Time	備考 Remarks
<input checked="" type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab	<input type="checkbox"/> 核酸増幅検査 (RT-PCR 法) Nucleic acid amplification test (RT-PCR)	<input checked="" type="checkbox"/> 陰性 Negative	① Date (yyyy / mm / dd) <u>2021 / 5 / 28</u>	6
<input type="checkbox"/> 唾液 Saliva	<input checked="" type="checkbox"/> 核酸増幅検査 (LAMP 法) Nucleic acid amplification test (LAMP)	<input type="checkbox"/> 陽性 Positive →入国不可 No entry into Japan	② Date (yyyy / mm / dd) Time <u>AM/PM</u> <u>12:00</u> (CSD)	
<input type="checkbox"/> 鼻咽頭ぬぐい液と鼻咽頭ぬぐい液の混合 Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> 核酸増幅検査 (TMA 法) Nucleic acid amplification test (TMA)			
	<input type="checkbox"/> 核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC)			
	<input type="checkbox"/> 核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp)			
	<input type="checkbox"/> 核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR)			
	<input type="checkbox"/> 次世代シーケンス法 Next generation sequence			
	<input type="checkbox"/> 抗原定量検査* Quantitative antigen test* (CLEIA)			

* 抗原定性検査ではない。
Not a qualitative antigen test.

8 医療機関名 Name of Medical institution O'hare Medical Center
住所 Address of the institution 1234 O'hare Dr. Chicago IL, 123456
医師名 Signature by doctor Dr. O'hare

印影
An imprint of a seal