


# COVID-19 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><b>1</b></p> <p><b>Date of issue</b></p> <p>↓</p> <p>Date of issue of this certificate</p>	<p><b>5</b></p> <p><b>Result</b></p> <p>↓</p> <p>Only negative is acceptable.</p>
<p><b>2</b></p> <p><b>Personal Information</b></p> <p>↓</p> <p>Passenger can fill out passport number, nationality etc., if missing.</p>	<p><b>6</b></p> <p><b>Test Result Date</b></p> <p>↓</p> <p>Date results came out.</p>
<p><b>3</b></p> <p><b>Sample</b></p> <p>↓</p> <p>Only 3 types of samples are valid. Other samples are invalid. Check only one.</p>	<p><b>7</b></p> <p><b>Specimen Collection Date /Time</b></p> <p>↓</p> <p>Test must be done within 72 hours before departure time of the flight from US.</p> <p>[Example] For Chicago→Narita flight departs at 5/29 11:55pm, test must be performed after 5/26 11:55pm Central Time.</p>
<p><b>4</b></p> <p><b>Testing Method</b></p> <p>↓</p> <p>8 types of testing methods are valid. Other testing methods are invalid. Check only one.</p>	<p><b>8</b></p> <p><b>Name of Medical Institution</b></p> <p>↓</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

<b>1</b>	氏名 <u>Sorano Taro</u> パスポート番号 <u>XXXXXXXX</u> Name _____ Passport No. _____ 国籍 <u>Japan</u> 生年月日 _____ 性別 <u>Male</u> Nationality _____ Date of Birth _____ Sex _____	① 結果判明日 Test Result Date ② 検体採取日時 Specimen Collection Date and Time																																										
<b>2</b>	上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。 よって、この証明を交付する。 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.																																											
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<b>8</b>	医療機関名 Name of Medical institution <u>O'hare Medical Center</u> 住所 Address of the institution <u>1234 O'hare Dr. Chicago IL, 123456</u> 医師名 Signature by doctor <u>Dr. O'hare</u>																																											
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