

Health Certificate

Date : DD/MMM/YYYY Time :

Client Name

Surname :

Given name :

Passport No. :

Nationality :

Date of Birth :DD/MMM/YYYY

Gender :

Age : years old

Address :

Date of Examination :DD/MMM/YYYY Time :

Assessment:

1) 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.

Yes No

2) Clinical symptoms such as a fever, cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.

Yes No

3) Laboratory result (examined on the same day as the examination)

Real time RT-PCR test for Novel Coronavirus (SARS-CoV-2)

(Saliva • Nasal swab): Negative (Not detected)

Comments:

Based on the above information, the person named above is currently healthy and unlikely to be infected with SARS-CoV-2. Therefore, he or she is fit for flight/work at the current health condition.

2F, Ebisu Neonart 4-1-18 Ebisu, Shibuya-ku, Tokyo-to 150-0013 Japan

Medical corporation Kokokukai Ebisu Clinic

Physician's name : XXXX XXX M.D.

Signature