

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.

1 Date of issue Date of issue of this certificate	5 Result Only negative is acceptable.
2 Personal Information Passenger can fill out passport number, nationality etc., if missing.	6 Test Result Date Date results came out.
3 Sample Check one of the samples on the list. Other samples are invalid.	7 Specimen Collection Date/Time 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).
4 Testing Method 8 types of testing methods are valid. Other testing methods are invalid. Check only one.	8 Name of Medical Institution Name of medical institution and doctor's signature are required. (Medical institution's stamp is acceptable)



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 <u>2021/ 5/ 28</u>																																						
2 氏名 <u>Sorano Taro</u> パスポート番号 <u>XXXXXXXX</u> Name <u>Sorano Taro</u> Passport No. <u>XXXXXXXX</u> 国籍 <u>Japan</u> 生年月日 <u>YYYY/MM/DD</u> 性別 <u>Male</u> Nationality <u>Japan</u> Date of Birth <u>YYYY/MM/DD</u> Sex <u>Male</u>																																						
3 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。 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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8 * 抗原定性検査ではない。 Not a qualitative antigen test.																																						
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> 印影 An imprint of a seal																																						