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Date of issue(交付年月日)　day/ month /2021

Certificate of testing for COVID-19

Name(氏名):　　Passport number:

Nationality(国籍):　Japan　　Gender(性別):　Male　/　Female

Date of Birth(生年月日):　Day/　Month　/ Year

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.
(上記の者の COVID-19 に関する検査の結果は、下記のとおりである。よって、この証明書を交付する。)

Sample (採取検体)	Testing for COVID-19 (検査方法)	Result (結果)	Sampling date (検体採取日時)	Result date (結果決定年月日)
Saliva	**Real time RT-PCR**	**Negative**	**Day/month/year 〇〇時〇〇分**	**Day/month/year**

Physician(医師名):　Hiroto Nishizawa MD, PhD
Medical Registration Number:　409257

Signature :　　法人印