

Health Certificate for COVID-19

Name (First,Last)	
Gender	
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	

1) Sampling Date and Time (dd/mm/yyyy JST)	
2) 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
3) Clinical symptoms such as cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.	YES / NO
4) Clinical Manifestation	BT: _____ °C Others: _____
5) Testing for COVID-19 (examined on the same day as the examination)	
Sample	Testing for COVID-19
Nasopharyngeal swab	Nucleic acid amplification test (NEAR)
Laboratory result	
<u>Negative</u> (Not detected) Result Date (dd/mm/yyyy) _____	

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

Date of Issue (dd/mm/yyyy): _____

Signature of Physician: _____

Name of Physician (Printed): _____

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