



National Center for Global Health and Medicine
Travel Clinic
1-21-1 Toyama, Shinjuku-ku, Tokyo, Japan, 162-8655
Tel: 81-3-3202-7181 Fax: 81-3-3207-1038

Health Certificate for COVID-19

Client Name: _____

Gender: Male / Female / Others (_____)

Date of Birth: _____

Age: _____ years old

Hospital ID: _____

Passport No: _____

Nationality: _____

Date of Examination: _____ (DD/MM/YYYY)
National Center for Global Health and Medicine

Laboratory result (collected and tested on the same day as the examination)

Real-time RT-PCR test for SARS-CoV-2 (Nasopharyngeal Swab): Negative (Not detected)

Sample collection time: 9:00 am

Comments:

It is herewith certified that the above result is confirmed

Date of issue: _____ (DD/MM/YYYY)

Medical registration number:

Physician's name:

M.D.

Signature