



National Center for Global Health and Medicine
Travel Clinic
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Health Certificate for COVID-19

Date of issue: DD MMM YYYY

Client Name:

Gender:

Age: years old

Hospital ID:

Date of Birth: DD MMM YYYY

Past History of Illness: None

Present Illness: None

Date of Examination: DD MMM YYYY

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 cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.
 Yes No
- 3) Clinical Manifestation
- Vital signs
 Body temperature
- Physical findings
 Heart sound: regular rhythm, no murmur
 Respiratory sound: no rales, no wheeze
 Others: No remarkable findings
- 4) 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)

Comments:

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

Physician's name: XXXX XXXX M.D.

Signature