



National Center for Global Health and Medicine  
Travel Clinic  
1-21-1 Toyama, Shinjuku-ku, Tokyo, Japan, 162-8655  
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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

Blood pressure

Pulse rate

Body temperature

Oxygen saturation (SpO<sub>2</sub>)

- Physical findings

Heart sound: regular rhythm, no murmur

Respiratory sound: no rales, no wheeze

Others: No remarkable findings

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**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