

FUKUYAMA CITY HOSPITAL

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Health Certificate for SARS-CoV-2

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	

1) Date of Examination (dd/mm/yyyy)	Sample date: Result date:
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 for the last two weeks.	YES / NO
4) Clinical Manifestation	BT: _____ °C Others:
5) Result of real-time RT-PCR test for SARS-CoV-2: (nasopharyngeal swab)	Negative (Not detected)

Based on the above information, the person named above is currently healthy, fit for travel and unlikely infected with SARS-CoV-2.

Date of Issue (dd/mm/yyyy) :

Signature of Physician :

Name of Physician(Printed) :