

TEST RESULT CERTIFICATE

Name: XXXXX XXXXX
Date of Birth: 00 January 1900 Sex: #N/A
Nationality: JAPAN Passport No. : ABC000000

I hereby certify that the person named above tested negative for COVID-19 based on the following result.

Test method: Real-time RT-PCR test for SARS-CoV-2
Sample: Nasopharyngeal Swab
Sample collected: 12:00 AM, 00 January 1900
Result determined: 12:00 AM, 00 January 1900
Result: NEGATIVE

Date of Issue: 00 January 1900

Tokushukai Medical Corporation
Sapporo Higashi Tokushukai Hospital
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Tel.: +81-11-722-1110

Physician's Name: xxxxx XXXXX, M.D. (漢字氏名)

Physician's Signature: _____