

HEALTH CERTIFICATE

Name: XXXXXXXX, xxxxxxx Date of Birth: 1900(y)/ 12(m)/ 03(d)
Passport No. AB0000000000 Nationality Japan Sex: FeMale

I hereby certify that the person named above is unlikely infected with COVID-19 based on the following examination results.

- 1) Laboratory results
 - Real-time RT-PCR test for SARS-CoV-2 (Nasopharyngeal Swab): NEGATIVE
 - Date and time of sample collection (検体採取日時) : 2:00 PM, October 26, 2020
 - Date and time of test results determined (結果判明日時) : 12:00 PM, October 27, 2020
- 2) Close contact with someone with suspected/confirmed COVID-19 NO YES within the last 14 days, based on the examinee's declaration
- 3) Following symptoms are NOT observed.
 - Fever (00.0 °C)
 - Fatigue
 - Muscle pain
 - Chills
 - Cough
 - Difficulty breathing
 - Shortness of breath
 - Loss of taste or smell
- 4) Other comments
None

Date of Issue: October 27, 2020

Tokushukai Medical Corporation

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Tel.: +81-11-722-1110

Physician's Name: XXXXXXXX, xxxxxxx M.D. (漢字氏名)

Physician's Signature: _____