

HEALTH CERTIFICATE

Name: XXXXXXXXXXXX, XXXXXXXXXXXXXXX Passport No.: AB123456789
Date of Birth: xxxx (y)/ xx (m)/ xx (d) 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
- 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 (xx.xx °C)
 - Fatigue
 - Muscle pain
 - Chills
 - Cough
 - Difficulty breathing
 - Shortness of breath
 - Loss of taste or smell
- 4) Other comments
None

Date of Issue: Friday, March 27, 2020

Tokushukai Medical Corporation

Sapporo Higashi Tokushukai Hospital

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Tel.: +81-11-722-1110

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

Physician's Signature: _____