## COVID-19 に関する検査証明 Certificate of Testing for COVID-19

医師名 Signature by doctor

|   |  | 交付年月日<br>Date of issue                          |   |                       |
|---|--|---|---|-----------------------|
| 氏 名<br>Name<br>国籍<br>Nationality                                    | パスポート番号<br>Passport No<br>生年月日<br>, Date of Birth  |   |   |                       |
| よって、この<br>This is to  | O COVID-19 に関する検査を行った結果、<br>O証明を交付する。<br>certify the following results which<br>9 conducted with the sample taken f  | have been co                                    | onfirmed by test  | ing                   |
| 採取検体 Sample (下記いずれかをチェック /Check one of the boxes below)  鼻咽頭ぬぐい液    | 検査法 Testing Method for COVID-19 (下記いずれかをチェック/Check one of the boxes below)    核酸増幅検査 (RT-PCR 法)  | 結果<br>Result                                    | ①結果判明日 Test Result Date ②検体採取日時 Specimen Collecti Date and Time ① | 備考<br>Remarks<br>on   |
| Nasopharyngeal Swab<br>□鼻腔ぬぐい液*2<br>Nasal Swab<br>□唾液 Saliva        | Nucleic acid amplification test (RT-PCR)    核酸增幅検査 (LAMP 法)   Nucleic acid amplification test (LAMP)    核酸增幅検査 (TMA 法)   Nucleic acid amplification test (TMA)                             | Negative □陽性 Positive →入国不可 No entry into Japan | Date(yyyy /mm /dd // // // // // // // // // // // //             |                       |
| □鼻咽頭ぬぐい液と咽頭<br>ぬぐい液の混合<br>Nasopharyngeal and<br>oropharyngeal swabs | □核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC) □核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) □核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR) □次世代シーケンス法 |   |   |                       |
| ※2 鼻腔ぬぐい  | Next generation sequence    抗原定量検査**1   Quantitative antigen test (CLEIA/ECLIA)   食査ではない。   itative antigen test.   液検体は核酸増幅検査のみ有効   is valid when the test method is Nucleic a            | ucid amnlificativ                               | on test.  |                       |
| 医療機関名   | Name of Medical institutionss of the institution   | ompliliodbit                                    |   | 印影<br>An imprint of a |

seal

seal

医師名 Signature by doctor

## Quarantine Station, Ministry of Health, Labour and Welfare, Japanese Government

交付年月日

## COVID-19 に関する検査証明 Certificate of Testing for COVID-19

|   |   | ssue  |   |                       |
|---|---|---|---|-----------------------|
| 氏 名<br>Name<br>国籍<br>Nationality                                    | <u> </u>  | , Sex                                       |   |                       |
| よって、この<br>This is to  | O COVID-19 に関する検査を行った結果、<br>O証明を交付する。<br>certify the following results which<br>9 conducted with the sample taken f     | have been co                                | onfirmed by test  | ing                   |
| 採取検体<br>Sample<br>(下記いずれかをチェック<br>/Check one of the boxes<br>below) | 検査法<br>Testing Method for COVID-19<br>(下記いずれかをチェック/Check one of the<br>boxes below)                                     | 結果<br>Result                                | ①結果判明日 Test Result Date ②検体採取日時 Specimen Collecti Date and Time | 備考<br>Remarks<br>on   |
| ☑鼻咽頭ぬぐい液<br>Nasopharyngeal Swab                                     | □核酸増幅検査 (RT-PCR 法)<br>Nucleic acid amplification test (RT-<br>PCR)  | ☑陰性<br>Negative<br>□陽性                      | ① Date(yyyy /mm /dd 2021 / 4 /2                                 | )                     |
| □鼻腔ぬぐい液*2<br>Nasal Swab<br>□唾液 Saliva                               | ☑核酸增幅検査 (LAMP 法) Nucleic acid amplification test (LAMP)  □核酸增幅検査 (TMA 法) Nucleic acid amplification test (TMA)          | Positive<br>→人国不可<br>No entry<br>into Japan | ② Date(yyyy /mm /dd  2021 / 4 /1 Time AM(PM) 2 :30              |                       |
| □鼻咽頭ぬぐい液と咽頭<br>ぬぐい液の混合<br>Nasopharyngeal and<br>oropharyngeal swabs | □核酸增幅検査 (TRC 法) Nucleic acid amplification test (TRC) □核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) |   |   |                       |
|   | □核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR) □次世代シーケンス法  |   |   |                       |
| Mr. a. User shall I   | Next generation sequence    抗原定量検査 <sup>※1</sup>   Quantitative antigen test (CLEIA/ECLIA)                              |   |   |                       |
| ※2 鼻腔ぬぐい  | 倹査ではない。<br>itative antigen test.<br>ハ液検体は核酸増幅検査のみ有効<br>is valid when the test method is Nucleic a                       | acid amplificatio                           | on test.  |                       |
|   | Name of Medical institutionss of the institution  |   |   | 印影<br>An imprint of a |