

Health certificate

Name: _____

Date of Birth: (d)/ (m)/ (y)

Sex: _____

Passport Number: _____

PCR Test Date: (d)/ (m)/ (y)

Laboratory Result – Real time PCR test for SARS-CoV2: Negative

Close contact with someone suspected/confirmed COVID-19
within the last 14 days, based on the examinee's declaration: No

Following symptoms are NOT observed.

- Fever
- Cough
- Fatigue
- Shortness of breath
- Sore throat
- Headache
- Loss of taste or smell

Physician's Name: _____

Date Issued: (d)/ (m)/ (y)

Medical Bit Valley Corporation

Aile Home Clinic

1-10-13 Shimoyanagi, Nagaoka City, Niigata, 940-2013 Japan

Phone: +81-0258-86-8722 FAX: +81-0258-76-0860