

(ID:xxxxxxxxxx)

Certificate of the examination for COVID-19

Patient Name: XXXXXXXX

Date of Birth: DD MM YYYY

Passport Number: XXXXXXXX

The result of the examination for COVID-19 is as follows

PCR Test Date: DD MM YYYY

PCR Test Confirmation Date: DD MM YYYY

Specimen Sample: Saliva

Examination method: PCR

Result: Negative

We certify this report as stated above.

Signature: _____, M.D.

Shintokyo Sekishinkai Group

SAIWAI TSURUMI HOSPITAL

Address: 21-1 Toyookacho Tsurumiku Yokohama 230-0062 JAPAN

Tel: +81-45-581-6791

Fax: +81-45-581-9019