



Department of Infectious Diseases, Hiroshima University Hospital

広島大学病院 感染症科
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Health Certificate for SARS-CoV-2

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	

1) Date of Examination (dd/mm/yyyy)	
2) Close contact with a person with COVID-19 (probable or confirmed) while they were ill without taking appropriate precautionary measures within the last two weeks.	YES / NO
3) Clinical symptoms such as cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell for the last two weeks.	YES / NO
4) Clinical Manifestation	BT: _____°C Others:
5) Result of real-time RT-PCR test for SARS-CoV-2 : (nasopharyngeal swab) (examined on the same day as the examination)	Negative (Not detected)

Based on the above information, the person named above is currently healthy, fit for travel and unlikely infected with SARS-CoV-2.

Date of Issue (dd/mm/yyyy) :

Signature of Physician :

Name of Physician(Printed) : ○○ ○○, M.D.

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