Health Certificate for COVID-19

Name	TEI SHUCHIN
Gender	M
Date of Birth	20 JUL 1975
Passport No.	TRxxxxxx

1) Date of Examination	Jul 02, 2021
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.	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.	NO
4) Clinical Manifestation	BT: 36.3 ℃

5) Testing for COVID-19

Sample	Testing for COVID-19	Laboratory result
☑ Nasopharyngeal swab ☐ Saliva	☑ Nucleic acid amplification test (Real Time RT-PCR) ☐ Nucleic acid amplification test (LAMP) ☐ Antigen test (CLEIA)	Negative (Not detected)

Based on the above information, the person named above is currently healthy and unlikely infected with SARS-CoV-2. Therefore, he or she is fit for flight/work at the current health condition.

Date of Issue Jul. 02, 2021
Medical institution THE WELLNESS CLINIC
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Name of doctor（Printed） TEI SHUCHIN, M.D.
Registration number #453118

Signature by doctor _____