



THE WELLNESS CLINIC

Health Certificate

Inspection date and time: Oct. 20, 2020, 2:00 p.m.

Name:

Date of birth: Jan. 29, 1975

No. of passport:

I, Dr. Tei hereby certify that Mr. /Ms. _____ is
not showing the following symptoms and fit to travel / fly as of Oct. 20

- fever
- cough
- headache
- shortness of breath
- muscle pain
- chills
- pneumonia

Oct. 21, 2020

(Signature) _____

Shuchin Tei, M.D.



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9F, Yanagida Bldg. 110-2, Ito-machi, Chuo-ku,
Kobe-shi, Hyogo 650-0032, Japan