

Certificate of Testing for COVID-19

Date of issue _____

Name _____ Passport No. _____

Nationality Japan Date of Birth _____ Gender _____

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

검체채취 Sample (Check one of the boxes below)	검사법 Testing for COVID-19 (Check one of the boxes below)	검사결과 Result	①결과 판정일 Result Date ②검체채취일자 및 시간 Sampling Date and Time	비고 Remarks
<input type="checkbox"/> 비인두도말물 Nasopharyngeal Swab <input type="checkbox"/> 타액 Saliva	<input type="checkbox"/> 핵산증폭검사 (real time RT-PCR 법) nucleic acid amplification test (real time RT-PCR) <input type="checkbox"/> 핵산증폭검사 (LAMP 법) nucleic acid amplification test (LAMP) <input type="checkbox"/> 항원검사 antigen test (CLEIA)	Negative	① 30th Oct. 2020 ② 29th Oct. 2020 2:00 PM KST	

Medical institution _____ THE WELLNESS CLINIC _____

Address of the institution _____ 9F, Yanagida Bldg. 110-2, Ito-machi, Chuo-ku, _____
 _____ Kobe-shi, Hyogo 650-0032, Japan +81783925088 _____

Signature by doctor _____



THE WELLNESS CLINIC