

Certificate of Testing for COVID-19

Date of issue:

Name _____ Passport No. _____

Nationality _____ Date of Birth _____, Sex _____

Address in Japan _____

Visiting country _____

Where applicant intends to stay in the visiting country (address) _____

Scheduled date of entry _____

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.

Sample	Testing for COVID-19	Result	①Result Date ②Sampling Date and Time	Remarks
Nasopharyngeal Swab	real time RT-PCR (nucleic acid amplification test)	Negative	① Oct.25, 2020 ② Oct.25, 2020 2:00 p.m. JST	

Medical institution

THE WELLNESS CLINIC

Address of the institution

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

Phone number of the institution +81783925088

Name of doctor SHUCHIN TEI, M.D.

Registration number No.453118

Signature by doctor _____



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