



# DAIDO CLINIC

## Health Certificate for SARS-CoV-2

sample

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

1) <input type="checkbox"/> Date of Examination (dd/mm/yyyy)	
2) <input type="checkbox"/> 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 / <input type="radio"/> NO
3) <input type="checkbox"/> Clinical symptoms such as fever, sneeze, 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 / <input type="radio"/> NO
4) Clinical Manifestation	BT: _____ °C Others: None
5) Result of real-time PCR test for SARS-CoV-2: (nasopharyngeal swab) (examined on the same day as the examination)	N/A (Not tested)

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

Date of Issue (dd/mm/yyyy) :

Name of Physician(Printed) :

M.D

Physician's signature:

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