



# DAIDO CLINIC

## Health Certificate for SARS-CoV-2 (COVID-19)

(Fit to Fly Health Certificate)

Name	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
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 with COVID-19 but taking appropriate precautionary measures within the last two weeks.	YES / 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 / NO
4) Clinical Manifestation	BT: _____ °C Others: None

5) Testing for COVID-19 (examined on the same day as the examination)		
Sample	Testing for COVID-19	Laboratory result
<input checked="" type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Saliva	<input checked="" type="checkbox"/> Nucleic acid amplification test (Real Time RT-PCR) <input type="checkbox"/> Nucleic acid amplification test (LAMP) <input type="checkbox"/> Antigen test (CLEIA)	Negative (Not detected)  *Sample Date (dd/mm/yyyy): 00/01/1900 11AM JST

Based on the above information, the person named above is currently healthy, **free from respiratory disease**, and unlikely infected with SARS-CoV-2(COVID-19). Therefore, he or she is fit for flight/work at the current health condition.

Date of Issue (dd/mm/yyyy) :

Name of Physician(Printed) :

M.D

Physician's signature:

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