Quarantine Station,
Ministry of Health, Labour and Welfare, Japanese Government

COVID-19 に関する検査証明
Certificate of Testing for COVID-19

交付年月日
Date of issue_____

氏　名　　パスポート番号
Name _____,　　Passport No._____,
国籍　　生年月日　　性別
Nationality_____,　Date of Birth_____, Sex_____

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。よって、この証明を交付する。
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.

採取検体 Sample （下記いずれかをチェック/Check one of the boxes below)	検査法 Testing Method for COVID-19 （下記いずれかをチェック/Check one of the boxes below)	結果 Result	①結果判明日 Test Result Date ②検体採取日時 Specimen Collection Date and Time	備考 Remarks
☐鼻咽頭ぬぐい液 Nasopharyngeal Swab ☐唾液　Saliva ☐鼻咽頭ぬぐい液と咽頭ぬぐい液の混合 Nasopharyngeal and oropharyngeal swabs	☐核酸増幅検査（RT-PCR 法） Nucleic acid amplification test (RT-PCR) ☐核酸増幅検査（LAMP 法） Nucleic acid amplification test (LAMP) ☐核酸増幅検査（TMA 法） Nucleic acid amplification test (TMA) ☐核酸増幅検査（TRC 法） Nucleic acid amplification test (TRC) ☐核酸増幅検査（Smart Amp 法） Nucleic acid amplification test (Smart Amp) ☐核酸増幅検査（NEAR 法） Nucleic acid amplification test (NEAR) ☐次世代シーケンス法 Next generation sequence ☐抗原定量検査* Quantitative antigen test* (CLEIA/ECLEIA)	☐陰性 Negative ☐陽性 Positive →入国不可 No entry into Japan	① Date(yyyy /mm /dd) ____/ __/____ ② Date(yyyy /mm /dd) ____/ __/____ Time AM/PM　　:	

＊ 抗原定性検査ではない。
Not a qualitative antigen test.

医療機関名　Name of Medical institution _____

住所　Address of the institution _____

医師名　Signature by doctor _____

印影
An imprint of a seal

Quarantine Station,
Ministry of Health, Labour and Welfare, Japanese Government

Attachment 1-2

Sample

COVID-19 に関する検査証明
Certificate of Testing for COVID-19

交付年月日
Date of issue_____

氏　名
Name _____,

パスポート番号
Passport No._____,

国籍
Nationality_____,

生年月日
Date of Birth_____,

性別
Sex_____

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。よって、この証明を交付する。
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.

採取検体 Sample （下記いずれかをチェック/Check one of the boxes below)	検査法 Testing Method for COVID-19 （下記いずれかをチェック/Check one of the boxes below)	結果 Result	①結果判明日 Test Result Date ②検体採取日時 Specimen Collection Date and Time	備考 Remarks
☑鼻咽頭ぬぐい液 Nasopharyngeal Swab ☐唾液　Saliva ☐鼻咽頭ぬぐい液と咽頭ぬぐい液の混合 Nasopharyngeal and oropharyngeal swabs	☐核酸増幅検査（RT-PCR 法） Nucleic acid amplification test (RT-PCR) ☑核酸増幅検査（LAMP 法） Nucleic acid amplification test (LAMP) ☐核酸増幅検査（TMA 法） Nucleic acid amplification test (TMA) ☐核酸増幅検査（TRC 法） Nucleic acid amplification test (TRC) ☐核酸増幅検査（Smart Amp 法） Nucleic acid amplification test (Smart Amp) ☐核酸増幅検査（NEAR 法） Nucleic acid amplification test (NEAR) ☐次世代シーケンス法 Next generation sequence ☐抗原定量検査* Quantitative antigen test* (CLEIA/ECLEIA)	☑陰性 Negative ☐陽性 Positive →入国不可 No entry into Japan	① Date(yyyy /mm /dd) 2021 / 4 /2 ② Date(yyyy /mm /dd) 2021 / 4 /1 Time AM(PM) 2 :30	

＊ 抗原定性検査ではない。
Not a qualitative antigen test.

医療機関名　Name of Medical institution _____

住所　Address of the institution _____

医師名　Signature by doctor _____

印影
An imprint of a seal

1. Inspection certificates are valid only if they meet the following conditions

- **Within 72 hours from the date of sample collection to the departure time of the flight.**
- In principle, use the prescribed format.

  For more information, please refer to the Ministry of Health, Labour and Welfare website.
  The prescribed format can be downloaded from here. →
  - If you cannot use the prescribed format due to circumstances, you may use arbitrary format.
  - If you are using arbitrary format, the following conditions must be included in the inspection certificate.

- Conditions to be included in the inspection certificate.

  ① Name, Passport number, Nationality, Date of birth, Sex
  ② Testing method for COVID-19, Sample
  (Limited to 2 and 3 below)
  ③ Result, Specimen collection date and time, Test result date, Date of issue
  ④ Name of medical institution , Address of medical institution, Signature by doctor, An imprint of a seal
  ⑤ All items must be written in English.

2. The test method is valid only for one of the following

Nucleic Acid Amplification Test	Other
■real time RT-PCR real time reverse transcription PCR ■LAMP Loop-mediated Isothermal Amplification ■TMA Transcription Mediated Amplification ■TRC Transcription Reverse-transcription Concerted reaction ■Smart Amp Smart Amplification process ■NEAR Nicking Enzyme Amplification Reaction	■Next Generation Sequence ■Quantitative Antigen Test※ (CLEIA/ECLEIA) ※ Not a qualitative antigen test.

3. Sample collection method is valid only for one of the following

■Nasopharyngeal Swab ■Saliva
■Nasopharyngeal and Oropharyngeal Swabs