



EMBASSY OF JAPAN
INDIA

1st July, 2021

TO WHOM IT MAY CONCERN

The holder of this letter is a Japanese national who wishes to go back to Japan on an upcoming flight. Based on the Quarantine Act of the Japanese Government, he/she is required to get RT-PCR tested **within 72 hours prior to the departure time** of the scheduled flight and present the COVID-19 Negative Certificate using the prescribed format at the time of his/her departure.

The Embassy of Japan, therefore, requests all those whom it may concern to extend every possible assistance to the holder of this letter so that he/she can make the booking of RT-PCR test on the desired date and the Negative Certificate will be issued at the earliest possible timing.

The Negative Certificate should be issued using the prescribed format as attached (Attachment 1-1 and 1-2, updated on 1st July, 2021). If the certificate is issued in another format, all the necessary elements mentioned in Attachment 2(updated on 1st July, 2021) should be included in the certificate.

Your assistance in this regard is essential for the safe return of the holder of this letter to Japan. We wish to extend maximum appreciation for your kind understanding and cooperation.



ANDO Toshihide
Minister
Deputy Chief of Mission
Embassy of Japan
New Delhi



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
<input type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab	<input type="checkbox"/> 核酸増幅検査 (RT-PCR 法) Nucleic acid amplification test (RT-PCR)	<input type="checkbox"/> 陰性 Negative	① Date (yyyy /mm /dd) ____ / ____ / ____	
<input type="checkbox"/> 唾液 Saliva	<input type="checkbox"/> 核酸増幅検査 (LAMP 法) Nucleic acid amplification test (LAMP)	<input type="checkbox"/> 陽性 Positive → 入国不可 No entry into Japan	② Date (yyyy /mm /dd) ____ / ____ / ____ Time AM/PM : ____	
<input type="checkbox"/> 鼻咽頭ぬぐい液と咽頭 ぬぐい液の混合 Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> 核酸増幅検査 (TMA 法) Nucleic acid amplification test (TMA) <input type="checkbox"/> 核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC) <input type="checkbox"/> 核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) <input type="checkbox"/> 核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR) <input type="checkbox"/> 次世代シーケンス法 Next generation sequence <input type="checkbox"/> 抗原定量検査* Quantitative antigen test* (CLEIA/ECLEIA)			

* 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



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 _____
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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。
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<input checked="" type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab	<input type="checkbox"/> 核酸増幅検査 (RT-PCR 法) Nucleic acid amplification test (RT-PCR)	<input checked="" type="checkbox"/> 陰性 Negative	① Date (yyyy / mm / dd) <u>2021 / 4 / 2</u>	
<input type="checkbox"/> 唾液 Saliva	<input checked="" type="checkbox"/> 核酸増幅検査 (LAMP 法) Nucleic acid amplification test (LAMP)	<input type="checkbox"/> 陽性 Positive → 入国不可 No entry into Japan	② Date (yyyy / mm / dd) <u>2021 / 4 / 1</u> Time AM <u>PM</u> <u>2 : 30</u>	
<input type="checkbox"/> 鼻咽頭ぬぐい液と咽頭 ぬぐい液の混合 Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> 核酸増幅検査 (TMA 法) Nucleic acid amplification test (TMA) <input type="checkbox"/> 核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC) <input type="checkbox"/> 核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) <input type="checkbox"/> 核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR) <input type="checkbox"/> 次世代シーケンス法 Next generation sequence <input type="checkbox"/> 抗原定量検査* Quantitative antigen test* (CLEIA/ECLEIA)			

* 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
<ul style="list-style-type: none">■ 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	<ul style="list-style-type: none">■ Next Generation Sequence■ Quantitative Antigen Test※ (CLEIA/ECLEIA) <p>※ Not a qualitative antigen test.</p>

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

- Nasopharyngeal Swab ■ Saliva
- Nasopharyngeal and Oropharyngeal Swabs