

Health Certificate for COVID-19

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

1) Date of Examination (dd/mm/yyyy)	/ /	
2) 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 / NO	
3) Clinical symptoms such as cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.	YES / NO	
4) Clinical Manifestation	BT: _____ °C Others:	
5) Testing for COVID-19 (examined on the same day as the examination)		
Sample	Testing for COVID-19	Result
<input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Saliva	<input type="checkbox"/> Nucleic acid amplification test (Real Time RT-PCR) <input type="checkbox"/> Nucleic acid amplification test (LAMP) <input type="checkbox"/> Antigen test (CLEIA)	<u>Negative</u> (Not detected) *Sample Date (dd/mm/yyyy):

Based on the above information, the person named above is currently healthy and unlikely infected with SARS-CoV-2. Therefore, he or she is fit for flight/work at the current health condition.

Date of Issue (dd/mm/yyyy):

Name of Physician:

Name of Medical Institution:

Address:

Contact number:

Health Certificate for COVID-19

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
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Passport No.	

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<div style="border: 1px solid black; padding: 2px; text-align: center;">Sampling Institute</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">*Sample Date</div>		

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Date of Issue (dd/mm/yyyy):

Name of Physician:

Medical license No.:

Name of Medical Institution:

Address:

Contact number:

Signature

YOUR COMPANY NAME

Reg No : 123456789X

10 Anson Road International Plaza

Singapore 079903

Tel : +65 1234 5678

Email : samplemail@email.com

Health Certificate for COVID-19

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	
Adress in Japan	
Contact Address in Viet Nam	
Date of entry	

1) Date of Examination (dd/mm/yyyy)	/ /	
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Sampling Institute		
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Based on the above information, the person named above is currently healthy and unlikely infected with SARS-CoV-2. Therefore, he or she is fit for flight/work at the current health condition.

Date of Issue (dd/mm/yyyy):

Name of Physician:
Name of Medical Institution:
Address:
Contact number:

<i>Signature</i>
YOUR COMPANY NAME Reg No : 123456789X 10 Anson Road International Plaza Singapore 079903 Tel : +65 1234 5678 Email : samplemail@email.com