

Certificate of Testing for COVID-19

Date of issue _____

Name _____, Passport No. _____,

Nationality _____, Date of Birth _____, Gender _____,

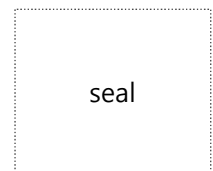
This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

Sample (Check one of the boxes below)	Testing for COVID-19 (Check one of the boxes below)	Result	① Result Date ② Sampling Date and Time	Remarks
<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)		① ②	

Medical institution _____

Address of the institution _____

Signature by doctor _____



※ 일본측은 현재 우리 검체채취 방식 중 비인두도말물 방식(Nasopharyngeal Swab)만 인정(비구인두 혼합의 경우 아래 양식에서 비인두도말물에 체크)

Certificate of Testing for COVID-19

Date of issue _____

Name Kildong HONG , Passport No. _____ ,

Nationality Republic of Korea , Date of Birth _____ , Gender Male/Female ,

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.

검체채취 Sample (Check one of the boxes below)	검사법 Testing for COVID-19 (Check one of the boxes below)	검사결과 Result	①결과 판정일 Result Date ②검체채취일자 및 시간 Sampling Date and Time	비고 Remarks
<input checked="" type="checkbox"/> 비인두도말물 Nasopharyngeal Swab <input type="checkbox"/> 타액 Saliva	<input checked="" type="checkbox"/> 핵산증폭검사 (real time RT-PCR법) nucleic acid amplification test (real time RT-PCR) <input type="checkbox"/> 핵산증폭검사 (LAMP법) nucleic acid amplification test (LAMP) <input type="checkbox"/> 항원검사 antigen test (CLEIA)	Negative	① 30 th May 2020 ② 29 th May 2020 1 PM KST(Korea Standard Time)	

Medical institution 병원 영문 명칭

Address of the institution 병원 영문 주소

Signature by doctor 의사 영문 성명 및 서명

직인