

Date/年月日 : DD/MM/YY

Certificate of test for SARS-CoV-2/新型コロナウイルス検査結果証明書

Name 名前:

Hospital ID ID 番号:

Gender 性別: male, female

Laboratory result (examined on DD MMM YYYY)検査結果(検査日) :

Type of testing: PCR for SARS-CoV-2 PCR 検査 / Antibody testing 抗体検査

Result 結果: Negative 陰性/ (Not detected 感知できず)

This is to certify that these statements are accurate and come from our medical records.

Issued date/書類作成日: DD MMM/YY

Physician's name /医師名 M.D.

Infection Control Center(感染対策本部)

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