



MEDICAL CERTIFICATE

NAME	SAMPLE NAME		
DATE OF BIRTH	01 JAN 1992	GENDER	Male
NATIONALITY	JAPAN	PASSPORT NO.	SAMPLE0123456789

DIAGNOSIS

Medical Certificate for COVID-19

COMMENTS

This is to certify that the person above is NEGATIVE for the following test.

- Antigen test for SARS-CoV2:NEGATIVE
(Sampling date of Examination: 25 Mar 2022, 12:15PM)

I DIAGNOSE IT AS ABOVE.

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

DATE : 25 Mar 2022

PHYSICIAN'S NAME : DOCTOR NAME

M.D.

SIGNATURE :

SAMPLE

M.D.

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