

Nishimagome Akutsu Otolaryngology 143-0025 5-40-1-3F Minami Magome,Ota-ku,Tokyo,JAPAN TEL • FAX +81 3-6417-1855

Health Certificate

	D	ate: /	1
Client Name: AAAAAAAAAAAAA	Gender: Female • Male	Age:	YRS
Hospital ID:			
Date of Birth:			
Past History of Illness: None			
Present Illness: None			
Date of Examination: DD MMM YYYY			
Assessment:			
1) Having close contact with a person who	o is infected with COVID-19 (probable	or confirmed)	
while they were ill without taking appropria	ate precautionary measures within the	last two weeks.	
			∕es □ No
2) Clinical symptoms such as cough, short	tness of breath, chills, fatigue, muscle	pain,	
headache, sore throat, vomiting, diarrhea,	or new loss of taste or smell.		
			′es □ No
3) Clinical Manifestation			
- Vital signs			
Blood pressure /	mmHg		
Pulse rate	bpm		
Body temperature	°C		
Oxygen saturation (SpO2)	% on room air		
- Physical findingsHeart sound: regular rhythm ,	no murmur		
•	no murmur		
Respiratory sound: no rales ,	no wheeze		
Others: No remarkable findings			
4) I sharetery regult (examined on the com	as day as the evenination)		
4) Laboratory result (examined on the sam	•	otod)	
Real-time PCR test for SARS-CoV-	2 (Nasal Swab): Negative (Not dete	cieu)	
Comments:			
-			
Based on the above information, the personal state SARS COV 3. Therefore, he are the in-	•	-	ea
with SARS-CoV-2. Therefore, he or she is	in for highlywork at the current health	บบานแบก.	
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	Physician's name:	iviasatosni Akuts	u IVI.D.

Signature: