COVID-19 に関する検査証明 Certificate ofTesting for COVID-19

| | Date | of issue 2022/07/02 | |
|-------------|-----------------|---------------------|--|
| | | 交付年月日 | |
| 氏 名 | パスポート番号 | -7// | |
| Name, | Passport No., | | |
| 国籍 | 生年月日 | 性別 | |
| Nationality | , Date of Birth | , Sex | |

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。 よって、この証明を交付する。

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.

| | 採取検体 | 検査法 | 結果 | ①決定年月日 | 備考 |
|---|------------------|------------------------------|----------|-----------------------|---------|
| | Sample | Testing for COVID-19 | Result | Result Date | Remarks |
| | (下記いずれかをチ | (下記いずれかをチェック/ | | ②検体採取日時 | |
| | エック/Check one of | Check one of theboxes below) | | SamplingDate and Time | |
| | the boxes below) | | | X | |
| ſ | ☑鼻咽頭ぬぐい液 | ☑核酸增幅検査(real | Negative | ① 2022/07/02 | |
| | Nasopharyngeal | time RT-PCR 法) | (1) | | |
| | Swab | nucleic acid | | ② 2022/07/02 11:07 | |
| | N - | amplificationtest (real | | | |
| | | time RT-PCR) | | | |
| | □唾液 Saliva | □核酸増幅検査(LAMP 法) | | | |
| | | nucleic acid | | | |
| | | amplification test | | | |
| | | (LAMP) | | | |
| | | □抗原定量検査 | | | |
| | | quantitative antigen | | | |
| | | test (CLEIA) | | | |

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City 30071, Taiwan

医師名 Signature by doctor<u>Dr. Kuo-Ming Chang</u>