



Certificate of Testing for COVID-19

Passport number : _____
Patient name : _____
Date of birth : _____
Nationality : _____
Sampling Date and Time : _____ (A.M. / P.M.)
Patient number : No. _____
Sample : Saliva _____
Examination method : RT-PCR _____
Date of result : _____

Result : Negative

Coronavirus non-infection

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.

Date of issue : _____

Medical institution : Shinjuku royal clinic

Address of the institution : 2-9, Kubo building F2, Yoyogi, Shibuya-Ku
Tokyo, 151-0053, Japan

Signature by doctor : Hirotaka Yukutake

~ Please be sure to check ~

"For overseas travel"

If there is a time limit such as 72 hours before departure or arrival, please make sure that it is time for the delivery.

Depending on the standards and circumstances of your travel destination, reliable acceptance cannot be guaranteed. In the unlikely event that we are denied entry, our hospital will not be held responsible.