



中国語

China

关于 COVID-19 的检测证明
Certificate of Testing for COVID-19

交付年月日
Date of issue _____

姓名
Name _____

出生年月日
Date of Birth _____

上述人员进行的 COVID-19 检测，检测结果如下。特此交付此证明。
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.

采样类型 Sample (选择下列之一 /Check one of the boxes below)	检测方法 Testing Method for COVID-19 (选择下列之一 /Check one of the boxes below)	结果 Result	采样时间 Specimen Collection Date and Time	备注 Remarks
<input type="checkbox"/> 鼻咽拭子 Nasopharyngeal Swab <input type="checkbox"/> 鼻腔拭子* ² Nasal Swab <input type="checkbox"/> 唾液 Saliva <input type="checkbox"/> 鼻咽拭子和口咽拭子的 混合 Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> 核酸增幅检测 (NAAT 法: PCR, LAMP, TMA, TRC, Smart Amp, NEAR, Next generation sequence) Nucleic acid amplification test (NAAT: PCR, LAMP, TMA, TRC, Smart Amp, NEAR, Next generation sequence) <input type="checkbox"/> 抗原定量检测* ¹ Quantitative antigen test* (CLEIA/ECLIA)	<input type="checkbox"/> 阴性 Negative <input type="checkbox"/> 阳性 Positive →不可入境 No entry into Japan	Date(yyyy /mm /dd) ____ / ____ / ____ Time AM/PM : ____	

*¹ 并非抗原定性检测。

Not a qualitative antigen test.

*² 鼻腔拭子只限于核酸增幅检测有效。

Nasal Swab is valid when the test method is Nucleic acid amplification test.

医疗机构名称 Name of Medical institution _____



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