

# Health Certificate for SARS-CoV-2

Name (First, Last)

Date of Birth (dd/mm/yyyy)

Date of Examination (dd/mm/yyyy)

D-19

ill

measures within the last two weeks.

ness of

dache,

vomiting, diarrhea, or new loss of

BT:

CoV-2:

the same day as

( Not detected )

the examination)

Based on the examination, the person named above is currently

Name of Physician: SHIZUKA

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