Inquiry for Certificate of Test Result for COVID-19

* Call 090-9954-6303 to book your COVID19 PCR test.

Date of exam / / : am pm

* Photocopy of passport is required upon submitting this form.

Name :

Name on Passport :
Passport number :
Nationality:

Date of Birth / /

Gender : ☐Male ☐Female
Address :
Phone number :
Required methods of sample collection : ☐Saliva ☐Nasal

＜Please answer the questions below＞

Have you had a fever above 37.5℃ in the last 4 days? (Yes・No)

Have you had close contact with anyone who was exposed to the COVID19 virus? (Yes・No)

Have you travelled internationally in the last 2 weeks? (Yes・No)

Are you currently feeling any fatigue, shortness of breath, upper respiratory problems, loss of taste or smell, or onset of diarrhea? (Yes・No)

Have you been recently tested for COVID19? If yes, please provide the date of the exam and your PCR result below.
Date of exam. / / Result of PCR or Antigen (Positive / Negative)

We thank you for your cooperation in filling out this document, the information you have provided for us will help us with preventive measures taken against the spread of the virus.

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