

ID _____

Novel Coronavirus (SARS-CoV-2) PCR Test Results Certificate

- Patient Name: XXXXXXXX
- Date of Birth: DD MM YYYY
- Passport Number: XXXXXXXXXXXX
- PCR Test Date: DD MM YYYY
- PCR Test Confirmation Date: DD MM YYYY
- Laboratory Result - Real Time PCR test for SARS-CoV-2 (Nasal Swab): Negative

Examined by: _____, M.D.

Date Issued: DD MM YYYY

Iwase General Hospital

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