Medical Certificate of Recovery 治癒証明書

Date 日付：

Patient’s Name 患者名 :

Date of Birth 生年月日 :

Gender 性別 :

Nationality 国籍 :

Diagnosis 診断名 : Covid-19

Date of the first visit 通院日 :

Diagnosis date 診断日 :

Diagnostic method 診断方法 :

Recuperation period at home or a lodging facility (Determined by the health center) 保健所から通達された隔離期間 :

Release date 療養終了日 　　:

Comments 診断・療養の説明など 　　:

<コロナウイルス感染症の症状が無く、良好な健康状態を示す文章>

 (本人の名前) has been fully recovered from Covid-19 and has none of the following symptoms (Fever, Cough, Sore throat, Sneeze, Shortness of breath) and is in good health for travel, including air travel.

I, (医者の名前) hereby certify that the above is accurate and truthful.

Medical institution 医療機関名 :

Address of the institution 医療機関の住所 :

 Signature by doctor Medical institution’s seal

 医者のサイン　　　　　　 医療機関の印鑑