

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
医者のサイン

Medical institution's seal
医療機関の印鑑