



# Quarantine Station, Ministry of Health, Labour and Welfare, Government of Japan

COVID-19 에 관한 검사증명  
Certificate of Testing for COVID-19

교부일  
Date of issue \_\_\_\_\_

성명 \_\_\_\_\_ 여권번호 \_\_\_\_\_  
Name \_\_\_\_\_, Passport No. \_\_\_\_\_,  
국적 \_\_\_\_\_ 생년월일 \_\_\_\_\_ 성별 \_\_\_\_\_  
Nationality \_\_\_\_\_, Date of Birth \_\_\_\_\_, Sex \_\_\_\_\_

상기자의 COVID-19 에 관한 검사를 한 결과, 그 결과는 아래와 같습니다.  
따라서 이 증명을 교부합니다.

This is to certify the following results which have been confirmed by testing for COVID-19 conducted with the sample taken from the above-mentioned person.

검체채취 Sample ( Check one of the boxes below )	검사법 Testing Method for COVID-19 ( Check one of the boxes below )	검사결과 Result	① 결과 판정일 Test Result Date ② 검체채취 일자 및 시간 Specimen Collection Date and Time	비고 Remarks
<input type="checkbox"/> 비인두도말물 Nasopharyngeal Swab  <input type="checkbox"/> 타액 Saliva  <input type="checkbox"/> 비인두도말물 과 구인두도말물의 혼합 Nasopharyngeal and oropharyngeal swabs	<input type="checkbox"/> 핵산증폭검사 ( RT-PCR 법 ) Nucleic acid amplification test ( RT-PCR )  <input type="checkbox"/> 핵산증폭검사 ( LAMP 법 ) Nucleic acid amplification test ( LAMP )  <input type="checkbox"/> 핵산증폭검사 ( TMA 법 ) Nucleic acid amplification test ( TMA )  <input type="checkbox"/> 핵산증폭검사 ( TRC 법 ) Nucleic acid amplification test ( TRC )  <input type="checkbox"/> 핵산증폭검사 ( Smart Amp 법 ) Nucleic acid amplification test ( Smart Amp )  <input type="checkbox"/> 핵산증폭검사 ( NEAR 법 ) Nucleic acid amplification test ( NEAR )  <input type="checkbox"/> 차세대 염기서열 분석법 ( NGS 법 ) Next generation sequence  <input type="checkbox"/> 항원정량검사* Quantitative antigen test* (CLEIA/ECLIA)	<input type="checkbox"/> 음성 Negative  <input type="checkbox"/> 양성 Positive → 입국불가 No entry into Japan	① Date(yyyy /mm /dd) ____ / ____ / ____  ② Date(yyyy /mm /dd) ____ / ____ / ____ Time AM/PM : ____	

\* 항원정성검사가 아님.  
Not a qualitative antigen test.

의료기관명 \_\_\_\_\_  
Name of Medical institution \_\_\_\_\_  
주소 \_\_\_\_\_  
Address of the institution \_\_\_\_\_  
의사 서명 \_\_\_\_\_  
Signature by doctor \_\_\_\_\_

직인  
An imprint  
of a seal



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성명 \_\_\_\_\_, 여권번호 \_\_\_\_\_  
Name \_\_\_\_\_, Passport No. \_\_\_\_\_  
국적 \_\_\_\_\_, 생년월일 \_\_\_\_\_, 성별 \_\_\_\_\_  
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\* 항원정성검사가 아님.  
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의료기관명 \_\_\_\_\_  
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주소 \_\_\_\_\_  
Address of the institution \_\_\_\_\_  
의사 서명 \_\_\_\_\_  
Signature by doctor \_\_\_\_\_

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An imprint  
of a seal