



# KOBE UNIVERSITY HOSPITAL

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## Health Certificate

Client Name: \_\_\_\_\_ Date of issue:        /        /  
Hospital ID: \_\_\_\_\_ Gender:                 Age:                 /  
Date of Birth: \_\_\_\_\_  
Passport number: \_\_\_\_\_  
Past Medical History: \_\_\_\_\_  
Present Illness: \_\_\_\_\_

### Assessment

1) Close contact with a person with COVID-19 (probable or confirmed) while they were ill without taking appropriate precautionary measures within the last two weeks  
 Yes  No

2) Clinical symptoms such as cough, shortness of breath, chills, fatigue, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell.  
 Yes  No

### 3) Clinical Manifestation

#### Vital signs

Blood pressure:                     /                     mmHg  
Pulse rate:                             bpm  
Body temperature:                   °C  
Oxygen saturation (SpO2):           % on room air

#### Physical findings

Heart sound: regular rhythm, no murmur  
Respiratory sound: no rales, no wheeze  
Others: No remarkable findings

4) Laboratory result (Collection date        /        /        )  
Real-time PCR test for SARS-CoV-2 (Nasal Swab): Negative (Not detected)

### Comments:

Based on the above information, the person named above is currently healthy and unlikely infected with SARS-CoV-2. Therefore, [he or she] is fit for [flight and/or work] at the current health condition.

Physician's name:

Signature:

Department of Infectious Diseases,  
Kobe University Hospital

