Health Certificate for COVID-19

Name (First, Last)	
Gender	
Age	y/o
Date of Birth (dd/mm/yyyy)	
Nationality	
Passport No.	

1) Date of Examination (dd/mm/yyyy)	
2) 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
3) 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
4) Clinical Manifestation	BT: _____ ℃ Others:
5) Real-time PCR test for SARS-CoV-2: ☐ Nasopharyngeal swab ☐ Saliva (examined on the same day as the examination)	Laboratory result Negative (Not detected)

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/work at the current health condition.

Date of Issue (dd/mm/yyyy)：

Signature of Physician：

Name of Physician(Printed)：