MARUKO CENTRAL HOSPITAL

Maruko Central Hospital
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Health Certificate

Issued Date: DD/MM/YYYY

Client Name: XXXX XXXX **Gender:** Female/Male **Hospital ID:** XXXXXX
Date of Birth: DD/MM/YYYY **Age:** XX years old **Date of Examination:** DD/MM/YYYY
Past History of Illness: None
Present Illness: None
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
   A) Vital signs
      ① Blood pressure / mmHg
      ② Pulse rate bpm
      ③ Body temperature ℃
      ④ Oxygen saturation (SpO2) %
   B) Physical findings
      ① Heart sound regular rhythm, no murmur
      ② Respiratory sound no rales
      ③ Others no remarkable findings
   C) Laboratory result (examined on the same day of the examination)
      ① 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/work at the current health condition.

Physician's Name: YYYY YYYY, M.D.

Signature