

COVID-19 PCR Test Application Form

PERSONAL DETAILS	
Name (Same as Passport) :	
Date Of Birth (MM/DD/YY) :	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (In Japan)	
Phone Number (We will inform you of the test results, so please provide a number where we can reach you on the day) :	
Patient ID Number (Those who have a patient registration card of this hospital)	
Body temperature before the test :	°C

TRAVELER INFORMATION
Please list only travelers and returnees
Nationality :
Passport No :
Visiting Country :
Date of entry (MM/DD/YY) :
Address In Visiting Country :

CONFIRMATION
You wish to have a certificate of testing issued <input type="checkbox"/> Yes <input type="checkbox"/> No
You had a fever of 37.5 degrees celsius or more within 2 weeks <input type="checkbox"/> Yes <input type="checkbox"/> No
You currently have trouble smelling, tasting, feeling tired, or coughing <input type="checkbox"/> Yes <input type="checkbox"/> No
You have read and understand the following precautions <input type="checkbox"/> Yes <input type="checkbox"/> No

【Precautions for receiving the test】

- In rare cases, bleeding from the nose may occur during specimen collection.
- The test takes about one hour, but if you need to repeat the test, it will take about another hour.
In rare cases when a third test is required, it will take several hours to collect the sample and the test time, so the result will be notified the next day.
- If the test result is positive, we will report it to the health center. After reporting, please follow the instructions of the health center.
- You will be required to pay the test fee even if you cancel the test at your convenience after the test has started.
- After the test is completed, the test fee is non-refundable for any reason.