Consultation Date:

(Day) (Year)

(Month)

Novel Coronavirus PCR Test Questionnaire

Name (same as passport):		Date of Birth:			
			(Month)	(Day)	(Year)
Passport No. (If traveling abroad):		Travel De	estination: _		
Patient ID Number:	Address:				
Phone Number:	*We will contac	et you should you	u need to ta	ke an addit	ional test

Please check (\checkmark) how you would like to receive your PCR results certificate

- () Pick-up from this clinic
- () Sent by postal mail to your residence (shipping fee: ¥520)
- Certificates will take 3 business days before they are completed (mailed certificates will require an additional 2-3 days)
- Tested: Tuesday \rightarrow Issued: Thursday after 2:00pm, Tested: Thursday \rightarrow Issued: Saturday after 12:00pm
- (Issuing Hours: Weekday until 6:00pm; Saturday 3:00pm)

Precautions for receiving the test

- It may become the examination with doctor covered by insurance. So please bring your Japanese health insurance, if you have.
- Some people have the novel coronavirus even when they do not have symptoms. Also, there are times when tests come out as positive even if the patient does not actually have the virus. For those who test positive for the virus, this hospital will call you and instruct you on speaking with a doctor and/or other actions.