

Application Form for PCR test for Overseas travelers

Appointment time : (Year) (Month) (Date) : (24h Time)

*** Please select the sampling method**

- Saliva
- Swab test (Nasopharyngeal swab)

NAME:

Mr. Mrs. Ms. Miss. Dr.

M · F

Date of Birth : Year Month Date

Name (as shown in your passport) :

Passport Number :

Nationality :

Final Destination:

via :

Flight Code :

Departure date & time:

Depart from:

HND/NRT/[]

Phone Number :

(Please put your own phone number that we can reach you while waiting for the test result.)

Your Address in Japan :

(Please put your home address or temporary address in Japan.)

Emergency Contact Number other than you :

Name: Mr / Ms

(Relation)

Phone No.:

(In case we cannot reach you, we may contact the person above.)

Name of your workplace:

Phone No.:

*Note: We shall handle and keep the personal information thoroughly confidential, and shall not disclose or divulge it to any third party.

Questionnaire

(Please checkmark on Yes or No in the bod-framed area)

①	Have you ever had a fever of over 37.5°C (99.5°F) in the past 14 days?	Yes / No	°C
②	At present, do you have weariness, cough, phlegm, sore throat, runny nose, headache, difficulty breathing, and / or sore muscles?	Yes / No	
③	At present, do you have any problems of sense of taste and smell?	Yes / No	
④	Have you traveled abroad or enter in Japan in the past 14 days?	Yes / No	
⑤	Have you had close contact with Covid-19 cases in the past 14 days?	Yes / No	
⑥	Have you had tested positive for Covid-19 in the past 14 days?	Yes / No	
⑦	Are you vaccinated for the new coronavirus (Covid-19)? Which vaccine? PfizerBioNTech / Moderna / AstraZeneka / J&J / SputnikV / Sinopharm or others: ()	Yes / No 1st (/) 2nd(/) month/ date	