## **Consent Form on PCR Test for Oversea Travelers**

(Please place a check-mark)
↓ □ I read the <b>Instruction for PCR test for Oversea Travelers</b>
☐ I haven't had any symptoms in past 14 days and I am in good health now.
☐ I will follow the instructions provided by the public health center as a carrier, if test positive.
☐ I will not ask for a refund after taking the test.
☐ Immigration requirements may change suddenly based on the country's policy On arrival at your destination, immigration and movement restrictions may be applied by the country. A negative certificate issued by this PCR test is no necessarily exempt you from such restrictions.
If you are having a saliva PCR test,  ☐ I understand that drinking, eating, gurgling and toothbrushing are no allowed from 30 minutes before testing. If I do any of these, I will follow the policy of waiting until the prescribed time before being tested.
If you are having a <u>nasopharyngeal swab</u> test,  ☐ I understand the possible circumstances after having a swab test.
☐ I understand that the Traveler's PCR Center at Toho University Haneda Airpor Terminal 3 Clinic is not responsible for any impact on my travel due to my own choice of test method or sampling method (saliva or nasopharyngeal swab).
I meet the all requirements above, thus I give my consent to take a Novel Coronavirus (SARS-CoV-2) PCR test.
Date: (Month) (Day) (Year)
Printed Name:
Signature:
Representative/Guardian/Parent Signature: