

## 【 Medical Questionnaire 】

Depending on doctor's medical decision, patients will not be able to receive an examination.

Please fill in below (YYYY/MM/DD)	/ /
Body Temperature	℃
Patient's Name	Date of Birth(YYYY/MM/DD)
	/ / (age )

circle that applies(O)

<b>■ Test type</b>		
PCR test	•	Antigen Quantitative test
	•	Antigen Qualitative test

<b>■ Test method</b>		
Nasopharyngeal Swab	•	Saliva Sample

<b>■ Have you been infected by COVID-19?</b>			
No	Yes	If yes, fill in the date you tested positive (YYYY/MM/DD) :	/ /

<b>■ Medical conditions (check (✓) that applies within the past 7 days)</b>	Yes	No
• Fever (37.5℃ over)		
• Symptoms of Cold (Cough/Phlegm/Nasal Mucus/Sore Throat/Headache etc.)		
• Feverish • Chills		
• Fatigue or exhaustion		
• Loss of taste or smell		
• Nausea • Vomiting		
• Diarrhea		

<b>■ Check(✓) that applies with in the past 2 weeks</b>	Yes	No
• Traveled abroad (returning/entry)		
• Close contact with travelers who traveled abroad		
• Close contact with a person who was exposed to COVID-19		

<b>■ COVID-19 vaccine shot information</b>	Yes	No
• Have you been vaccinated ?		
• If yes, please write how many time(s) you have been inoculated.	time(s)	

Doctor's signature \_\_\_\_\_

## 【 Letter of Consent 】

Personal information: I understand that Kansai International Airport PCR Test Clinic requires all patients for the following information listed below.

- name, age, date of birth, nationality, postal address, phone number and email address
- travel destination, travel purpose, time/date of the travel, and travel period
- test method, time/date/location of the examination, and result of the test
- flight ticket number or reservation number, and passport information

Note: If you have been infected with COVID-19 within the past 2 months, PCR test may detect fragments of the virus and test result may show positive.

I agree and understand that depending on situation, patients will be requested to be re-examined and the examination schedule may take more time than expected.

I understand that missing flights may be caused due to delayed test results or re-examination. I agree that patients are required to contact their travel agent or airline and change or cancel their flight schedule in such cases. Our clinic is not responsible for any loss, damage, or compensation regarding missed flights and flight rescheduling • cancellation caused by COVID-19 test result.

I agree and understand that this COVID-19 certificate does not 100% guarantee the entry of the destination country. In such cases, I will follow the government regulation after entering the destination country.

I agree and understand that refund is unnegotiable after taking the test (including when test result shown positive).

I agree and understand that any changes of information listed on the COVID-19 certificate or loss of the certificate will require re-issuing. Certificate re-issuing will cost 1,100 yen.

I understand that patients with positive test results will be prohibited from taking any public transportation. I will follow the instructions given by the health center and quarantine at home. I agree that any charges in this situation will be borne by the patients.  
 ※If our clinic cannot reach patients with the contact information written below, we will disclose their personal information to law enforcement agencies.

← I confirm that all information above is correct and I agree to take PCR test/Antigen Quantitative test/Antigen Qualitative test.

※ The information below is required in case of positive test result.

	Today's date (YYYY/MM/DD)	/	/	
Address in Japan	〒			
Cell • Mobile number	(Please fill in your contact we can reach on the day of the examination.)			
Signature				

If patient is under 18 year's old, please have this form filled in by their parent or legal guardian with their signature below.

Name of the parent or legal guardian

Signature		Relationship	
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