

EMBASSY OF JAPAN

KATHMANDU

Tel.No. (977-1) 4426680

Fax No. (977-1) 4414101

May 11, 2021

STAR HOSPITAL, Sanepa Height-2, Ring Road, Lalitpur

HAMS HOSPITAL, Mandikhatar Road, Dhumbarahi, Kathmandu

NEPAL MEDICITI HOSPITAL, Bhaisepati, Lalitpur

To whom it may concern,

The holder of this letter is a Japanese national who wishes to go back to Japan on the upcoming flight. Under the Quarantine Act of the Government of Japan, he/she is required to (1) obtain the RT-PCR tested within 72 hours prior to the departure time of the scheduled flight, and (2) present the COVID-19 Inspection Certificate using the Japanese Government's format on his/her departure from Nepal.

The Embassy of Japan requests all those whom it may concern to extend every possible assistance to the holder of this letter, for him/her to book the necessary RT-PCR test on the requested date and to issue the Inspection Certificate accordingly. The Inspection Certificate should be issued with the attached format (Attachment1 and 2). Please make sure Nasopharyngeal Swab only to be used for the sample of the PCR test.

The Embassy of Japan highly appreciated for your assistance, as it is essential for the holder of this letter to return Japan safely.

Embassy of Japan in Nepal



COVID-19 に関する検査証明
Certificate of Testing for COVID-19

交付年月日
Date of issue _____

氏 名 _____ パスポート番号 _____
Name _____ Passport No. _____
国籍 _____ 生年月日 _____ 性別 _____
Nationality _____ Date of Birth _____, Sex _____

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。
よって、この証明を交付する。
This is to certify the following results which have been confirmed by testing
for COVID-19 conducted with the sample taken from the above-mentioned person.

採取検体 Sample (下記いずれかをチェック /Check one of the boxes below)	検査法 Testing Method for COVID-19 (下記いずれかをチェック/Check one of the boxes below)	結果 Result	①結果判明日 Test Result Date ②検体採取日時 Specimen Collection Date and Time	備考 Remarks
<input type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab	<input type="checkbox"/> 核酸増幅検査 (RT-PCR 法) Nucleic acid amplification test (RT-PCR)	<input type="checkbox"/> 陰性 Negative	① Date (yyyy /mm /dd) ____ / ____ / ____	
<input type="checkbox"/> 唾液 Saliva	<input type="checkbox"/> 核酸増幅検査 (LAMP 法) Nucleic acid amplification test (LAMP)	<input type="checkbox"/> 陽性 Positive → 入国不可 No entry into Japan	② Date (yyyy /mm /dd) ____ / ____ / ____ Time AM/PM : ____	
	<input type="checkbox"/> 核酸増幅検査 (TMA 法) Nucleic acid amplification test (TMA)			
	<input type="checkbox"/> 核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC)			
	<input type="checkbox"/> 核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp)			
	<input type="checkbox"/> 核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR)			
	<input type="checkbox"/> 次世代シーケンス法 Next generation sequence			
	<input type="checkbox"/> 抗原定量検査* Quantitative antigen test* (CLEIA)			

* 抗原定性検査ではない。
Not a qualitative antigen test.

医療機関名 Name of Medical institution _____

住所 Address of the institution _____

医師名 Signature by doctor _____

印影
An imprint of a
seal



Quarantine Station,
Ministry of Health, Labour and Welfare, Japanese Government

Sample

COVID-19 に関する検査証明
Certificate of Testing for COVID-19

交付年月日
Date of issue _____

氏 名 _____ パスポート番号 _____
Name _____ Passport No. _____
国籍 _____ 生年月日 _____ 性別 _____
Nationality _____ Date of Birth _____ Sex _____

上記の者の COVID-19 に関する検査を行った結果、その結果は下記のとおりである。
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<input checked="" type="checkbox"/> 鼻咽頭ぬぐい液 Nasopharyngeal Swab <input type="checkbox"/> 唾液 Saliva 	<input type="checkbox"/> 核酸増幅検査 (RT-PCR 法) Nucleic acid amplification test (RT-PCR) <input checked="" type="checkbox"/> 核酸増幅検査 (LAMP 法) Nucleic acid amplification test (LAMP) <input type="checkbox"/> 核酸増幅検査 (TMA 法) Nucleic acid amplification test (TMA) <input type="checkbox"/> 核酸増幅検査 (TRC 法) Nucleic acid amplification test (TRC) <input type="checkbox"/> 核酸増幅検査 (Smart Amp 法) Nucleic acid amplification test (Smart Amp) <input type="checkbox"/> 核酸増幅検査 (NEAR 法) Nucleic acid amplification test (NEAR) <input type="checkbox"/> 次世代シーケンス法 Next generation sequence <input type="checkbox"/> 抗原定量検査* Quantitative antigen test* (CLEIA)	<input checked="" type="checkbox"/> 陰性 Negative <input type="checkbox"/> 陽性 Positive → 入国不可 No entry into Japan	① Date (yyyy / mm / dd) <u>2021 / 4 / 2</u> ② Date (yyyy / mm / dd) <u>2021 / 4 / 1</u> Time AM/PM <u>2 : 30</u>	

* 抗原定性検査ではない。
Not a qualitative antigen test.

医療機関名 Name of Medical institution _____

住所 Address of the institution _____

医師名 Signature by doctor _____

印影

An imprint of a
seal



To all who enter Japan (Submission of Inspection Certificate)

In light of the increasing number of infections caused by the infection of new variant of coronavirus overseas, the Government of Japan has decided to further strengthen its boarder measures, and as part of these measures, the following measures will be taken.

- **All entrants must provide a certificate of inspection within 72 hours prior to departure.**
- **If you are unable to submit the inspection certificate, you will not be allowed to enter in Japan based on the Quarantine Law.**
 - In the country of departure, if you do not have a inspection certificate before boarding, you will be denied boarding the aircraft.
 - In cases where it is difficult or truly unavoidable to obtain an inspection certificate, please consult with the diplomatic mission abroad.
 - This measure will be implemented for those who enter Japan **on or after March 19, 2021.**



1. Inspection certificates are valid only if they meet the following conditions

- Within 72 hours from the date of sample collection to the departure time of the flight.

- In principle, use the prescribed format.

For more information, please refer to the Ministry of Health, Labour and Welfare website.

The prescribed format can be downloaded from here. →



- Conditions to be included in the inspection certificate.

- ① Name, Passport number, Nationality, Date of birth, Sex
- ② Testing method for COVID-19, Sample
(Limited to 2 and 3 below)
- ③ Result, Specimen collection date and time, Test result date, Date of issue
- ④ Name of medical institution, Address of medical institution, Signature by doctor, An imprint of a seal
- ⑤ All items must be written in English.

2. The test method is valid only for one of the following

Nucleic Acid Amplification Test	Other
<ul style="list-style-type: none">■ real time RT-PCR real time reverse transcription PCR■ LAMP Loop-mediated Isothermal Amplification■ TMA Transcription Mediated Amplification■ TRC Transcription Reverse-transcription Concerted reaction■ Smart Amp Smart Amplification process■ NEAR Nicking Enzyme Amplification Reaction	<ul style="list-style-type: none">■ Next Generation Sequence■ Quantitative Antigen Test* (CLEIA) ※ Not a qualitative antigen test.

3. Sample collection method is valid only for one of the following

- Nasopharyngeal Swab
- Saliva