

※ COVID-19 PCR NEGATIVE FORM

붙임7

건강상태 확인서(Medical Certificate) 일반 서식

Medical Certificate

Hospital Number	해당 발급기관에서 신청자에게 부여한 환자등록번호로 기재
First Name	
Family Name	
Nationality	
Date of Birth	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Passport number	
Home Address	

The above person underwent a physical evaluation by a clinician in an examination room and was reported to have no cough, shortness of breath, sore throat or any respiratory symptoms.

The physical examination revealed a body temperature of ___ °C, blood pressure of ___ / ___ mm Hg, pulse of ___ beats per minute, and respiratory rate of ___ breaths per minute.

On _____, we confirmed the examinee's specimen tested _____ for COVID-19 by real-time reverse-transcriptase-polymerase-chain-reaction (rRT-PCR) assay. The tested specimen was collected in accordance with the Korea Disease Control and Prevention Agency guideline. We also confirmed the examinee is medically fit to travel/fly (The last sentence can be added based on the medical opinion of the clinician).

Name of Clinician (signature) : _____ M.D.

Medical License number : _____

Date of Sample Collection : _____

Date of Test : _____

Date of Issue : _____

병원 영문 명칭

병원 영문 주소

직인

Tel: _____

Fax: _____

※ This hospital has been designated by the Korea Disease Control and Prevention Agency as the COVID-19 Diagnostic Examiner.

Medical Certificate

Patient Number : 00370816

Serial Number : 2020- -

Name	CHUN DMITRY	Sex	M	Birthday	Jan. 22, 2003	Age	17
Address							
Name of the Disease	Corona virus PCR (COVID 19) : negative					Korean Disease Classification No.	
Clinical							
✓ Final							
Outbreak Date				Date of the opinion	1 July, 2020		
Opinion about the treatment ahead	<p>CHUN DMITRY (Passport NO. 51 6973486) visited the clinics just for check-up.</p> <p>He has no fever, chills and any respiratory symptoms. His chest X ray also reveals no active lesions . We did corona virus PCR test with nose/ pharyngeal swabs, the result is Negative</p>						
Note				Purpose			

I give my opinion like mentioned above

Date of issue : 2020 - 07 - 09

Address : 69, Yesulgwangjang-ro, Sangnok-gu, Ansan-si, Gyeonggi-do, 152-91 Rep. of KOREA

Medical Institution : SARANG GENERAL HOSPITAL

Tel : 031-439-3000

Fax : 031-439-3019

www.sarangmc.co.kr

License No. 50918

3 1 2 0 2 7 3 0
칠석의료재단사랑의병원
 경기도 안산시 예술광장로 69

Name of the Doctor : 양영희



Medical Certificate

Patient Number : 00370816

Serial Number : 2020- -

Name	CHUN DMITRY	Sex	M	Birthday	Jan. 22, 2003	Age	17
Address							
Name of the Disease	Corona virus PCR (COVID 19) : negative				Korean Disease Classification No.		
Clinical							
✓ Final							
Outbreak Date				Date of the opinion	1 July, 2020		
Opinion about the treatment ahead	<p>CHUN DMITRY (Passport NO. 51 6973466) visited the clinics just for check-up.</p> <p>He has no fever, chills and any respiratory symptoms. His chest X ray also reveals no active lesions . We did corona virus PCR test with nose/ pharyngeal swabs, the result is Negative</p>						
Note			Purpose				

I give my opinion like mentioned above

Date of issue : 2020 - 07 - 01

Address : 69, Yesulgwangjang-ro, Sangnok-gu, Ansan-si, Gyeonggi-do, 152-91 Rep. of KOREA

Medical Institution : SARANG GENERAL HOSPITAL

Tel : 031-439-3000

Fax : 031-439-3019


www.sarangmc.co.kr

License No. 56918

Name of the Doctor : 임영희



1 2 0 2 7 3 1 0 1 1
철석의료재단사랑의병원
 경기도 안산시 예술광장길 69



Medical Certificate

Issue No : 2020 - 86

Patient No : 00752815 Resident registration number : 020831-8820016

Patient Name	TCAI KRISTINA	F	Birthday	2002.08.31	17
Address	202, 51, Baekseong-gil, Danwon-gu, Ansan-si, Gyeonggi-do, Republic of Korea				
Name of the Disease <input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Final	Observation for other suspected diseases and conditions				2038
Outbreak Date	. . .		Date of the opinion	2020.07.17	
Opinion about the treatment ahead	There is no evidence (fever, cough, sputum, sneezing, sore throat, dyspnea and other respiratory symptom) of corona viral infection at physical examination. We confirmed the examinee's specimen tested negative for COVID-19 by real time RT-PCR assay. This person is fit to travel.				
Note	* COVID-19-PCR assay - test site : Nasopharyngeal swab - test date : 16.07.2020. - result : Negative				
Purpose					

I give my opinion like mentioned above

Date of Issue : 2020.07.17

Adress : 20, Wonpogongwon 1-ro, Danwon-gu, Ansan-si, Gyeonggi-do

Medical Institution : DANWON HOSPITAL

Tel : 031-8040-6600

Fax : 031-8040-5550



Doctor Licence No : 105741

Name of the Doctor : Yoo YoungJin

Doctor Dentist Oriental Doctor

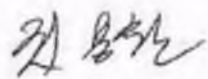
signature :

MEDICAL OPINION

Patient Number : 00580570

Serial Number : 2020 - 2-4537

Passport No.75 63435859

Name	ROMANENKO VA LERIIA	Sex	F	Date of Birth	2001.02.13	Age	19	
Address	COVID-19 PCR test was done at 2020.07.16 Result: Negative She would be fit to fly.							
Date :	2020/07/17							
Medical Institution :	Medical Corporation. WOORI Medical Foundation' GIMPOWOORI HOSPITAL							
Address :	11, Gamarn-ro, Gimpo-si, Gyeonggi-do, KOREA							
Phone and Fax :	031)999-1000 031)999-1899. www.gwhospital.co.kr							
License Number :	92878	KWON YONGHWAN						



KANGBUK SAMSUNG HOSPITAL

CERTIFICATE

Date. Sept-23-2020
Month-day-Year

Hospital No. 02622765

Patient Name. PIROZHENKO OLEG

Passport No. 20N0655792

No. of pages including this sheet: 1
(Exclude cover)

It is to certify that the following document is a true copy of the original medical record.

KANGBUK SAMSUNG HOSPITAL

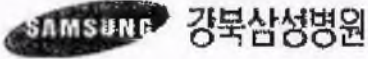
29. Saemunan-ro, Jongno-gu

Seoul, Korea. 110-746

TEL : 82-2-2001-1723 FAX : 82-2-2001-2704

분자유전

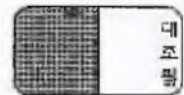
2017-09-24 ~ 2020-09-23



등록 번호 02622755
이 름 PIROZHENKO OLEG
주민 번호 780811-5*****
성별/나이 남 / 42

출력일시: 2020-09-23

처방일자	병동	진료과	검사항목명	결과 / 단위	상태	참고히	참고상	접수일시	보고일시
2020-09-22		SMT/선별진료1	COVID-19 real-time PCR (Upper: Nasopharyngeal & Or [상기도(구&비인두)])	Negative		Negative		2020-09-22 09:58/	2020-09-22 14:32



Certificate of Treatment(Outpatient)

Issue No. : 2020026646

Patient Reg. No. : 200196443

Name	DJEY IN	LEE	Sex	F	Birth Date	16 / 12 / 02
	First	Last				DD MM YY
Address	75-1, Saemal-ro, Yeonsu-gu, Incheon, Republic of Korea					
Diagnosis	General medical examination					Z000
History of Treatment	2020-07-16 2020-07-14					
History of Hospital Visit						
The above person has a negative result on real-time RT-PCR for COVID-19, conducted on July 14. Until now, she has no respiratory symptoms and fever, where there are many COVID-19 patients, so the risk of COVID-19 infection of the aforementioned person is very low.						

I hereby certify that the above information is correct and complete.



HALLYM UNIVERSITY MEDICAL CENTER
Hallym University Kangnam Sacred Heart Hospital

948-1, Daerim-1dong, Yeongdeungpo-gu
Seoul 150-950 KOREA

Tel. +82-02-829-5114 Fax. 82-2-849-4469

<http://eng.hallym.or.kr>



Issue Date : 16 / 07 / 20
DD MM YY

Doctor's Signature :

최민규

MIN KYU CHOI MD & MPH

License No. : 62358



200006526883

Certification of copy of medical record

2020/07/16 08:33:00

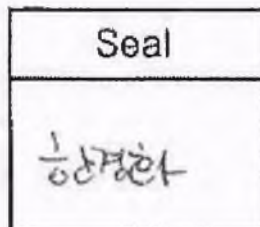
Hospital No. :200196443

Issue No. : 2020-25583

Patient name : DJEY IN LEE

Date of birth :Dec 16, 2002

This is to certify that the attached records are the copies of medical records of the above mentioned patient



Director of Medical Record Department
Kangnam Sacred Heart Hospital
Hallym University Medical Center
948-1, Daerim 1-dong, Yeongdeungpo-gu, Seoul
150-950, Korea

원본대조필
입대학교강남성심병원 의무기록팀



바이로사

COVID-19 PCR Negative

검체명	throat+nasal swab
검사원	20200714 16:23
처방명/처방의	20200714 16:23
검사원	20200715 16:24
환고지/보고원시	

등록번호	200196443
성명	이재민
주민번호	021216-4

성명 F

검사결과보고서

Medical Certificate for General Passenger

Date. 2020. 7. 1

I, CHOI YOO A is a certified medical doctor
(name of MD)

and is holding medical license number 98836

have examined KAN ALEKSANDR on date 2020. 6. 30
(name of client)

and have found KAN ALEKSANDR(02.03.24 / 53 1360805)
(name of client)

free from the following disease.

1. Coronavirus Disease - 2019(COVID-19)

1) evidence of negative testing for COVID-19 before departure.

(specify test and date 2020. 6. 30 AND

2) evidence of 14 days quarantine before departure

*This finding certificate is based on symptoms of patient ,
finding from doctor and COVID 19 TEST


*This medical certificate is judged based on the patient's current condition.

Signature CHOI YOO A MD

(최유아)

Incheon Redcross Hospital
263, Woninjae-ro, Yeonsu-gu, Incheon
032-899-4000

Medical Certificate

Patent Number	10046065				
Serial Number	202007157268				
Name of Patient	KIM DMITRIY	Social Security Number	020803-7780014	Sex	M
Date of Birth	03-08-2002	Nationality	Uzbekistan		
Passport Number	AC0092742				
Home Address					
Date of Onset					
Diagnosis	(Principle diagnosis)Special screening examination for infectious and parasitic diseases,				ICD-10 Z11.9
<input checked="" type="radio"/> Clinical Impression <input type="radio"/> Final Diagnosis					
Hospital Course & Treatment Recommendation	<p>The above person underwent a physical evaluation by a clinician in an examination room. On 14-07-2020, we confirmed the examinee's specimen tested Negative for COVID-19 by real-time reverse-transcriptase-polymerase-chain-reaction (rRT-PCR) assay. The tested specimen was collected in accordance with the Korea Centers for Disease Control and Prevention guideline.</p>				
Remarks					
<p>Name of Clinician(signature) : Yoo Jhe Jun M.D. 유 제 준</p> <p style="text-align: center;">Department : Emergency Medicine</p> <p style="text-align: center;">Medical License number : 121612</p> <p style="text-align: center;">Date of Sample Collection : 14-07-2020 , 10:12</p> <p style="text-align: center;">Date of Test : 14-07-2020</p> <p style="text-align: center;">Date of Issue : 15-07-2020</p> <p>Medical Institution NATIONAL MEDICAL CENTER </p> <p style="text-align: center;">Address 245 Eulji-ro, Jung-gu, Seoul 04564, Korea</p> <p>Telephone Number 82-2-2260-7114 Fax 82-2-2267-8685</p>					

Verification of a Copy of Medical Records
의무기록사본 증명서

Registration No.: 01506965

Patient Name : VLADISLAV MONGUSH

Number of copies : (2) pages including a cover page

An attached copy is verified the same as the original copy.

CAU



Date : 2020-09-23

President of Chung-Ang University Hospital



* It is not genuine without the seal of the manager

* It should be immediately destroyed and disposed once the purpose is completed.

진단검사의학

등록번호	01506965	이름	MONGUSH VLADISLAV
주민번호	820827-5***001	성별/나이	M / 38
진료과	FU	병동병실	외래

SLIP정보	본자유전검사 / [전액본인부담]COVID-19 Real-time RT-PCR			검사일시	2020-09-22 12:07
처방일시	2020-09-22	보고일시	2020-09-22 17:17	판독일시	
처방의	장재우	보고자	이미경	판독자(검사자)	장민태이미경
채취일시		접수일시		검체번호	
검사코드	검사명	참고치	단위	결과	비고
LZA8100	[전액본인부담]COVID-19 Real-time RT-PCR	[~ 01]		Negative	Negative
	텍스트결과수치값 : 01				