



Sakura
family clinic

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Application form for pre-departure Covid 19 Negative Certificate for JAPAN

First Name:

Surname:

Date of Birth:

Phone number:

Email Address:

Date of departure:

Flight details:

Address in Australia:

Which city/suburb do you wish to undertake PCR testing?

Have you had Covid infection and completed quarantine in the last 3 months?

Yes

No

I agree to disclose the Covid test results to Japanese Customs and Australian Health Authorities.

I understand that this consultation does not cover any illnesses other than Covid 19.

I certify that the above information is correct and agree with the statement.

Signature

Name

Date

For Office Use Only

Venue	Test day/time	Results on	Flight day/time	Completed?