

1 Test Applicant (Identity Verification)

Name: _____ Address: _____, Yamanashi

Tel: _____ Email: _____@_____

2 Testing Purpose and Preferred Method (mark the box that applies)

1. (Purpose) event, dining, travel, visiting home or other socio-economic activities
(Testing Method) PCR test or quantitative antigen test
2. (Purpose) concerned about infections (only applicable if there is a governor-issued request to get tested in place)
(Testing Method) qualitative antigen test

3 Number of Tests Taken

This is my _____ time → If you have taken test(s) via this free testing system before,
list the date(s) of your 2 most recent tests below.

(2nd most recent) Reiwa__YY__MM__DD (most recent) Reiwa__YY__MM__DD

4 Vaccination Status (mark the box that applies)

If you selected "1." in question 2, have you received two doses of the vaccine?

1. No
 2. Yes

5 If you answered "No" in question 4, explain why (mark the box that applies)

1. Health-related reasons (present a copy of your Pre-vaccination Screening Questionnaire or a written opinion from your family doctor)
2. Under the age of 12
3. Other (personal choice, etc.)

(Confirm and Consent Items) (All boxes must be marked to be considered)

- I do not have a fever nor other symptoms of sickness on the date of my test.
- I understand that this test is not a form of medical treatment.
- If I test positive, I will see a doctor at a medical institution.
- I confirm that there is no falsehood in the information I provided above. I understand that this application may be submitted to Yamanashi Prefecture if they request it, and I agree to be contacted by a local health center if I test positive. Furthermore, I understand that my municipality may share details of my vaccination history with Yamanashi Prefecture if deemed necessary.

※ 1 If the information provided is found to be false, the applicant will be held responsible for testing fees and any other measures Yamanashi Prefecture deems necessary. Please note that there may be cases where local government(s) may confirm your vaccination status separately.

※ 2 Regarding future applications for testing, please note that the validity period for test result notifications is 3 days for PCR tests, and 1 day for qualitative antigen tests. Upon confirming the number of days that have passed since your previous test, you may apply again.