

**APPLY LETTER OF CONFIRMATION OF SUBMITTING REQUIRED DOCUMENTATION FOR
RE-ENTRY INTO JAPAN**

REQUIREMENTS

- VALID ORIGINAL PASSPORT:** Properly signed by bearer.
- COMPLETED APPLICATION FORM:** The applicant must complete the form. You can fill out the form by ball-point pen or type. Do not use pencil or any erasable ink. Signature must be original.
- VALID ORIGINAL RESIDENCE CARD**
- VALID RE-ENTRY PERMIT**
- AUTHORIZATION FORM:** This is mandatory if someone else apply or/and pickup behalf of you. You don't need submit this form if you are applying by mail or in person.
- PROOF OF YOUR U.S. IMMIGRATION STATUS:**
 - U.S citizen → You don't need this requirement
 - U.S. Permanent Resident → Copy of your Valid Permanent Resident card (Green card). Do not submit original card.
 - F Visa holder → Copy of F visa, I-20 with valid travel endorsement and valid I-94 (Electric version is acceptable). Do not submit original I-20.
 - J Visa holder → Copy of your J visa, DS-2019 with valid travel endorsement and valid I-94(Electric version is acceptable). Do not submit original DS-2019.
 - Other U.S. visa holder → Copy of your U.S. Visa and valid I-94 (Electric version is acceptable).
In order to obtain electric I-94, please see the [U.S. Customs and Border Protection website.](#)
- FEE:** No fee
- U.S. POSTAL SERVICE EXPRESS MAIL or PRIORITY MAIL PRE-PAID SELF-ADDRESSED RETURN ENVELOPE (Size: 12.5X9.5 inch) and COMPLETED RELEASE OF LIABILITY:** This is mandatory for applicant who apply via mail. If you are applying in person and wish to receive your processed passport (Visa) by mail, you must submit a USPS Pre-paid self-addressed return envelope when you are applying the Visa. (No FEDEX, UPS etc.). Recipient's name and address must be matched as on the Visa application information.

NOTE:

- You can apply via postal mail or in person (No appointment).
- You must bring a "Certificate of testing for COVID-19" to Japan. (You don't need to submit this to the Consulate) This certificate must be issued within 72 hours of your departure from the United States. In order to take a test, please inquire to local government health department.
- Please see general visa information on https://www.chicago.us.emb-japan.go.jp/itpr_en/visa.html

受理番号 Official use

APPLICATION FORM FOR LETTER OF CONFIRMATION
OF SUBMITTING NECESSARY DOCUMENTATION
FOR RE-ENTRY INTO JAPAN

Surname (as shown in passport) _____

Given and middle names (as shown in passport) _____

Other names (including any other names you are or have been known by)

Date of birth ____/____/____ Place of birth _____
Day / Month / Year City / State, Province / Country

Sex: Male Female

Nationality or citizenship _____

Address in Japan _____

Passport Number _____ Date of issue _____

Place of issue _____ Date of expiration _____

Type of status of residence: _____

Period of stay _____ Date of expiration _____

Residence card number _____

Date of expiration of re-entry permit _____

Date of re-entry _____ (Air) Port in Japan _____ Flight no. _____

I hereby declare that the statement given above is true and correct.

Signature _____ Date _____

Contact information

Address:

Phone:

Email:

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

Date of issue _____

交付年月日

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 for COVID-19 (下記いずれかをチェック/Check one of the boxes below)	結果 Result	①決定年月日 Result Date ②検体採取日時 Sampling Date and Time	備考 Remarks
<input 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 (real time RT-PCR 法) nucleic acid amplification test (real time RT-PCR) <input type="checkbox"/> 核酸増幅検査 (LAMP 法) nucleic acid amplification test (LAMP) <input type="checkbox"/> 抗原定量検査 antigen test (CLEIA)		① ②	

医療機関名 Medical institution _____

住所 Address of the institution _____

医師名 Signature by doctor _____

An imprint of
a seal 印影

Sample

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

Date of issue _____

交付年月日

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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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 for COVID-19 (下記いずれかをチェック/Check one of the boxes below)	結果 Result	①決定年月日 Result Date ②検体採取日時 Sampling Date and Time	備考 Remarks
<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 (real time RT-PCR 法) nucleic acid amplification test (real time RT-PCR) <input checked="" type="checkbox"/> 核酸増幅検査 (LAMP 法) nucleic acid amplification test (LAMP) <input type="checkbox"/> 抗原定量検査 antigen test (CLEIA)	Negative	① 29 th May 2020 ② 29 th May 2020 1 PM JST	

医療機関名 Medical institution _____

住所 Address of the institution _____

医師名 Signature by doctor _____

An imprint of
a seal 印影