

후천성면역결핍증 검사확인서

Certificate of HIV Test

검사 연월일

Date of HIV Test

성 명

Name in Full

주민등록번호 또는 여권번호

Resident Registration No. or Passport No.

56mm × 80mm[인쇄용지(특급) 120g/m²]

(뒤쪽)

「후천성면역결핍증 예방법」 제8조에 따라 혈청학적 검사를 실시하였음을 확인함(검사결과: _____)

This is to certify that a serological test has been conducted for in accordance with Article 8 of AIDS Prevention Law. (The result of HIV test is _____)

검사기관명 [인]

Republic of Korea