

受付確認表(小児科English)

Arrival date / /

ID :

We kindly ask everyone who enters this hospital to answer the questions below. **Please also answer about the guarantor and your family member who live in the same house.**

(Child)

(Guarantor)

Name of patient		SEX
		M F
Birth date	Body temperature	
	°C	
Check the items that apply in the last two weeks.		
Child ☐ Fever ☐ Sore throat ☐ Cough・Sputum ☐ Fatigue (tiredness) ☐ Breathing trouble ☐ Taste disorder ☐ Smell disorder ☐ Stomachache & diarrhea ☐ Headache		

Name of guarantor		SEX
		M F
Birth date	Body temperature	
	°C	
Check the items that apply in the last two weeks.		
Guarantor ☐ Fever ☐ Sore throat ☐ Cough・Sputum ☐ Fatigue (tiredness) ☐ Breathing trouble ☐ Taste disorder ☐ Smell disorder ☐ Stomachache & diarrhea ☐ Headache		Others in family ☐ Fever ☐ Sore throat ☐ Cough・Sputum ☐ Fatigue (tiredness) ☐ Breathing trouble ☐ Taste disorder ☐ Smell disorder ☐ Stomachache & diarrhea ☐ Headache

■Check below if nothing applies.

☐ No one have/had any of the symptoms listed above in the last two weeks.

■Have you been abroad in the last three months?

- ☐ No
- ☐ Yes (Describe details ⇒)

Duration of visit :

Name of country :

Who? : Yourself ・ Others ()

■Have you or anyone in your family had a PCR test in the last two weeks?

- ☐ No
- ☐ Yes (Describe details below.)
- ☐ Planning to get tested because you/family member is a close contact.

The person who was tested :

Date of the PCR test : / /

Result : Negative / Positive / Don't know yet

(Determined date: / /)

(Planned determination date: / /)

The person who was tested :

Date of the PCR test : / /

Result : Negative / Positive / Don't know yet

(Determined date: / /)

(Planned determination date: / /)

■Has anyone at your/family member's workplace/school tested positive to COVID-19 in the last two weeks?

- ☐ NO ☐ YES

ご記入ありがとうございました。