## Please fill in all.

来院時体温: ℃

Name (First, Last):
Date of Birth(dd/mm/yyyy): Gender: M / F
Phone:
♦ Please put a check mark if you have any symptoms in 2weeks.
□ 悪寒 chills □ 発熱 fever □ 倦怠感 fatigue □ 筋肉痛 muscle pain
□ 頭痛 headache □ せき cough □ 咽頭痛 sore throat □ 鼻汁 sneezing
□ 息切れ shortness of breath □ 下痢 diarrhea □ 嘔吐 vomiting
□ 味覚嗅覚異常 loss of taste or smell
☐ Nothing
• Close contact with a person with COVID-19 (probable or confirmed) while they ill without taking appropriate precautionary measures within the last two weeks.
□ Yes □ No
• Did you get the COVID-19 vaccine? $\Box$ Yes Date(1st / ) (2nd / ) • Which vaccine did you get? $\Box$ Moderna $\Box$ AstraZeneca $\Box$ other
(ID:

## Notification of PCR test and issuing certificate against COVID-19

- This real-time PT-PCR testing for COVID-19 is for checking infection at this moment.
- If the result is positive, we will contact the public health center. Follow the instructions by the health center.
- This certificate dose not guarantee entry to your destination.
- Please notice that it is not refundable after you have the test.
- PCR tests may take some time to process depending on the situation. In that case we will give you a certificate from 12:00 to 12:30 the next day.

[If the PCR test is positive]

- In any case, we won't have the re-examination.
- Our hospital is obliged to report positive person's information to relevant places immediately.
- If you are traveling after having a positive result, please check the information of each country's embassy.
- · Even if the test on the previous day is negative, it may be positive this time.
- The collected personal information may not be disclosed and provided to a third party without personal consent unless otherwise exceptional circumstances.
- The result will be ready at 5:30PM. Please bring your passport with you to receive the certificate.

## Consent Form

To: G clinic director

I have fully understood the above explanations, I give my consent of my own free will to receive the real-time RT-PCR testing. I have understood that my personal information will be provided to the public health center if tasted positive and I will follow the instructions by the public health center. (based on the Infectious Diseases Control Law)

Date:	/	/ 20		_		
C:						
Signature:						
			医毒汁		0.010	