

(来院日 : )

(ID : )

来院時体温 : \_\_\_\_\_ °C

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.

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> 悪寒 chills                     | <input type="checkbox"/> 発熱 fever    | <input type="checkbox"/> 倦怠感 fatigue     | <input type="checkbox"/> 筋肉痛 muscle pain |
| <input type="checkbox"/> 頭痛 headache                   | <input type="checkbox"/> せき cough    | <input type="checkbox"/> 咽頭痛 sore throat | <input type="checkbox"/> 鼻汁 sneezing     |
| <input type="checkbox"/> 息切れ shortness of breath       | <input type="checkbox"/> 下痢 diarrhea | <input type="checkbox"/> 嘔吐 vomiting     |  |
| <input type="checkbox"/> 味覚嗅覚異常 loss of taste or smell |                                      |  |  |
| <input type="checkbox"/> 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?  Yes Date (1<sup>st</sup> / / ) (2<sup>nd</sup> / / )

• Which vaccine did you get?  pfizer  Moderna  AstraZeneca  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 does not guarantee entry to your destination.
  - Please notice that it is not refundable after you have the test.
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- 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 6 PM. 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 tested positive and I will follow the instructions by the public health center. (based on the Infectious Diseases Control Law)

Date : \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Signature: \_\_\_\_\_