

# VISITOR APPLICATION FORM ☆ENGLISH☆

To request a visit, please fill out the form below and submit it to the Security Office.

• Please wear a mask and sanitize your hands in the hospital during visits.

• Visitors are required to enter the ward with their visiting permission slip holders around their necks.

Please understand that if we are unable to confirm that you are carrying your visiting permission slip, for security purposes a staff member (security guard) will ask you for permission to visit.

※ To prevent infection of hospitalized patients, we do not permit visitors with the following symptoms:

- Fever over 37.5°C**    
  **Cough**    
  **Nausea/vomiting**    
  **Diarrhea**    
  **Skin rash**

DATE YEAR →      
 年 MONTH   月 DAY   日
 入館時間 CHECK-IN AT THE DESK    
 時 H   分 M   AM PM

1. INPATIENT'S NAME

	東	EAST WING	2	3	4	5	6	7	8	9	F
HOSPITAL WARD	西	WEST WING	2	3	4	5	6	7	8	9	F
	南	SOUTH WING	1	2	F	NMC (NEONATAL MEDICAL CENTER)					

2. PURPOSE OF VISIT

(PLEASE CIRCLE ONE)

①

THE HOSPITAL CALLED

②

BRINGING IN PERSONAL BELONGINGS

③

WANTS TO SEE THE PATIENT

VISITOR ①

NAME

RELATIONSHIP

Please check (☑) in the corresponding box.

- Fever over 37.5°C**  
  **Cough**  
  **Nausea/vomiting**  
  **Diarrhea**  
  **Skin rash**  
  **NONE**  
 **Have had Covid-19 infection within 10 days.**

VISITOR ②

NAME

RELATIONSHIP

Please check (☑) in the corresponding box.

- Fever over 37.5°C**  
  **Cough**  
  **Nausea/vomiting**  
  **Diarrhea**  
  **Skin rash**  
  **NONE**  
 **Have had Covid-19 infection within 10 days.**

VISITOR ③

NAME

RELATIONSHIP

Please check (☑) in the corresponding box.

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  **Cough**  
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  **Diarrhea**  
  **Skin rash**  
  **NONE**  
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☆ENGLISH☆

**EXAMPLE**

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  Cough   
  Nausea/vomiting   
  Diarrhea   
  Skin rash

DATE YEAR → 2023 MONTH 11 DAY 1 日 入館時間 CHECK-IN AT THE DESK 3 時 30 分 AM **PM**

1. INPATIENT'S NAME **TOYOHASHI KENJI**

HOSPITAL WARD	東 EAST WING	2	3	4	5	<b>6</b>	7	8	9	F
	西 WEST WING	2	3	4	5	6	7	8	9	F
	南 SOUTH WING	1	2	F	NMC (NEONATAL MEDICAL CENTER)					

2. PURPOSE OF VISIT (PLEASE CIRCLE ONE)

① THE HOSPITAL CALLED   
  ② BRINGING IN PERSONAL BELONGINGS   
  ③ WANTS TO SEE THE PATIENT

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NAME **TOYOHASHI MARIA**

RELATION SHIP **WIFE**

Please check (✓) in the corresponding box.

- Fever over 37.5°C   
  Cough   
  Nausea/vomiting   
  Diarrhea   
  Skin rash   
 **NONE**  
 Have had Covid-19 infection within 10 days.

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NAME **YOSHIDA ANA**

RELATION SHIP **DAUGHTER**

Please check (✓) in the corresponding box.

- Fever over 37.5°C   
  Cough   
  Nausea/vomiting   
  Diarrhea   
  Skin rash   
 **NONE**  
 Have had Covid-19 infection within 10 days.

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NAME **IMAHASHI MARIO**

RELATION SHIP **SUPERIOR**

Please check (✓) in the corresponding box.

- Fever over 37.5°C   
  Cough   
  Nausea/vomiting   
  Diarrhea   
  Skin rash   
 **NONE**  
 Have had Covid-19 infection within 10 days.