

# CONSULTATION APPLICATION FORM

Fill in the bold-framed area and produce you ID card

In Kana		Date of birth
Name	M · F	/ / (Y/M/D)
Medical departments you would like to visit	<input type="checkbox"/> Internal medicine  <input type="checkbox"/> Psychiatry	Belongs Faculty/ Graduate School Office name etc.
Occupation	<input type="checkbox"/> Student (Student ID Number : _____ ) <input type="checkbox"/> Employee (Employee Number : _____ )	
Employee only → Do you have a membership card for the MEXT health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever visited this clinic before? <input type="checkbox"/> Yes <input type="checkbox"/> No → When was it? ( _____ )		
For first visit	Address:  Phone number  Nationality	

**Fill-in Date :**    /    /    (Y/M/D)      **Body temperature** ( \_\_\_\_\_ ) °C

◆ Medical treatment you would like to visit

- Doctor consultation     Issuance of health certificates

↳ ◆What is the problem today? ( \_\_\_\_\_ )

◆Have you been overseas within these 2 weeks?

Yes · No

↳ When: \_\_\_\_\_ country: \_\_\_\_\_

◆Do you have any food or drug allergies?

Yes · No

↳ Details: \_\_\_\_\_

**Following cases, we CANNOT do the face-to-face consultation.**

If you request that to continue the medication, please ask the reception desk by telephone.

• If you have any of the following symptoms within 14 days.

- Fever of 37.5 °C or higher
- Feel feverish.
- Cold symptoms (Cough, Sputum)
- Shortness of breath
- General malaise (fatigue)
- Taste disorder (Loss of taste and smell)

• If you have been in contact with a person infected with the COVID-19 or close contact within 14 days.

**We CANNOT examine and diagnose the COVID-19.**

We CANNOT make the certification of the “NOT infected with the COVID-19”.