CONSULTATION APPLICATION FORM

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

Fill-in Date：　　/　　/　　(Y/M/D)

Body temperature（　　）℃

We measure with a non-contact thermometer when you come.
If your body temperature is over 37.0 ℃, we cannot do the consultation.

◆ Medical treatment you would like to visit

☐ Doctor consultation ☐ Issuance of health certificates

└→ ◆What is the problem today?（　　）

Did you have any of the following symptoms / situations now or within 14 days?

Please circle "Yes" or "No". (If there is "Yes", we CANNOT do the consultation.)

- Fever of 37.5 ℃ or higher　Yes ・ No
- Feel feverish.　Yes ・ No
- Cold symptoms (Cough, Sputum, Sore throat)　Yes ・ No
- Shortness of breath　Yes ・ No
- General malaise (fatigue)　Yes ・ No
- Taste disorder (Loss of taste and smell)　Yes ・ No
- Diarrhea　Yes ・ No
- Contact with people infected with the new coronavirus or close contacts.　Yes ・ No
- The person living together has/had fever 37.5 ℃ or higher, cold symptoms, diarrhea. (Today or yesterday)　Yes ・ No

◆ **Have you been overseas within these 2 weeks?**

Yes ・ No

└→ When:　　country:

◆ **Do you have any food or drug allergies?**

Yes ・ No

└→Details:

- If you request that to continue the medication, please ask the reception desk by telephone.
- **We CANNOT examine and diagnose the COVID-19.**

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