

Visitor's Pass Application Form

家族用

Visitors are limited up to 2 members of the family with a specific purpose.

Date(mm/dd/yyyy) _____

To Director of Sasebo City General Hospital

I/We, hereby, apply for permission to visit the ward for the inpatient below. I/We wear the Visitor's Pass on my/our left chest(s) and adhere rigidly to your compliance rules during my/our visit.

	Inpatient's Name 入院者氏名		Floor () east 東 / west 西 階 病棟
①	Applicant's Name 申請者氏名	BT 体温 (°C)	Relationship to patient 続柄
	Address/ phone 住 所 [電話番号]	[TEL — —]	
②	Applicant's Name 申請者氏名	BT 体温 (°C)	Relationship to patient 続柄
	Address/ phone 住 所 [電話番号]	* <input type="checkbox"/> Same as ① above [TEL — —]	
Purpose of visit 理由 *Circle the applicable subject.		・ Admission 入院 ・ Discharge 退院 ・ Surgery 手術立会 ・ Briefing about disease 病状説明 ・ Attendant 付添い ・ Baggage drop/pick up 荷物受渡 ・ Other その他 () *Up to the nurse office during 1pm-5pm for baggage drop/pick up	

【Questionnaire for entrance 入室確認事項】 Please read the following questions, and check the box below.

- i) Have you contacted closely with an infected person or been to facilities where COVID-19 patients were infected? 新型コロナ感染症が発生した人との接触又は発症施設への出入りはありませんか。
- ii) Have you been abroad or in the designated area in the last 2 weeks? *The area is shown at the reception. 2週間以内に海外渡航歴、指定地域への滞在歴がある。*指定地域については受付窓口で掲示しております。
- iii) Do you have a fever of 37.5°C/99.5°F or more, or symptoms of cough, listlessness or sputum? 熱(37.5度以上)や風邪の症状(咳、だるさ、痰)はありませんか。
- iv) Do you have a decreased sense of taste or smell? 味覚・嗅覚に異常はありませんか。

Check "NO" if all your answers are "NO", otherwise check "YES".

Person ①: NO ない YES ある

Person ②: NO ない YES ある

*If you check in the box "YES", you cannot go to the ward without a permission by the attending doctor or the head nurse.

We use the personal information on this sheet only for Visitor's Pass application.

Officially use * 許可番号	①	②	受付時間	時	分
-----------------------	---	---	------	---	---