

Application Form for Visitors

(職員記入欄)

面会者番号

No.

No.

Date

Y

M

D (Time)

:

Patient's name

Ward

☐ Ward A, _____ floor (East Wing / West Wing) ☐ NICU

/Department

☐ Ward F, _____ floor ☐ Ward G, 3rd floor ☐ ICU

Visitor's name

Address(City/Town)

Please check the box if you have

☐ Vomiting ☐ Diarrhea ☐ Rash

☐ Cough ☐ Runny nose

☐ Sore throat ☐ Fever

Relationship ☐ family ☐ others()

Visitor's name

Address(City/Town)

Please check the box if you have

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☐ Cough ☐ Runny nose

☐ Sore throat ☐ Fever

Relationship ☐ family ☐ others()

Purpose of visit

☐ Admission ☐ Discharge ☐ Operation • Test ☐ Explanation of medical condition

☐ Visit Patient ☐ Receiving baggage

成田赤十字病院 Japanese Red Cross Narita Hospital

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