

職員記入欄

## Application Form for Visitors

測定体温	面会者番号
℃	No.

Date	Year	Month	Day
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<u>Patient's name</u>		<u>Sex:</u> M / F	<u>Patient's address</u> (city/town)
		<u>Age</u>	
<u>Ward</u> <u>/Department</u>	<input type="checkbox"/> Ward A, _____ floor ( East Wing / West Wing ) <input type="checkbox"/> NICU <input type="checkbox"/> Palliative care <input type="checkbox"/> Ward F, _____ floor <input type="checkbox"/> Ward G, 3 <sup>rd</sup> floor <input type="checkbox"/> ICU		
<u>Visitor's name</u>		<u>Address</u> (City/Town)	<u>relationship</u> <input type="checkbox"/> family <input type="checkbox"/> others(      )
<b>Please check the box if you have</b>		<b>Purpose of visit</b>	
<input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> cough <input type="checkbox"/> running nose <input type="checkbox"/> sore throat <input type="checkbox"/> rash		Day of <input type="checkbox"/> (1) admission <input type="checkbox"/> (2) discharge <input type="checkbox"/> (3) operation・test <input type="checkbox"/> Explanation of medical condition <input type="checkbox"/> To see a patient <input type="checkbox"/> Delivering / Receiving baggage	



COVID-19 対応 2021/11~

Japanese Red Cross Narita Hospital

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