Application Form for Visitors

（職員記入欄）

面会者番号
No.

Date	Y M D (Time) : AM PM

Patient's name

Ward /Department	☐Ward A, _____ floor (East Wing / West Wing) ☐NICU ☐Ward F, _____ floor ☐Ward G, 3rd floor ☐ICU

Visitor's name	**Address**(City/Town)	**relationship** ☐ family ☐ others( )

Please check the box if you have	**Purpose of visit**
☐ Vomiting ☐ Diarrhea ☐ Rash ☐ Cough ☐ Runny nose ☐ Sore throat ☐ Fever	☐ 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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