Application Form for Visitors							(職員記入欄) 面会者番号	
Date	Υ	М	D (Time)	:	AM PM	No.	
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Ward /Departmen		· · · · · · · · · · · · · · · · · · ·			ing / V I G, 3 rd floo	Vest Wing) □NICU □ICU	
Visitor's nan	ne_				Addres	s (City/Tow	$ \frac{\text{relationship}}{\Box \text{ family}} $ $ \Box \text{ others(}) $	
Please check	the box	if you l	have	Purpos	se of visit	 t		
☐ Vomiting		arrhea		☐ Adn	nission		Discharge	
□ Rash		_		-	eration •		•••	
☐ Runny no	se 🗆 So	re throat	٠	□ Explanation of medical condition□ Visit Patient□ Receiving baggage				
☐ Fever				□ V 1510				
)	成田赤	十字病	院 Japa	anese Red	Cross Narita Hospital	
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