Consultation Date:			Body Temperature at examination:	°C
	(Month)	(Day)	(Year)	

Pre-Travel Novel Coronavirus PCR Test Questionnaire

Name (same as passport):				Passport Number:	
Date of Birth:				Patient ID Number:	
Address:	(Month)	(Day)	(Year)		
Phone Number:		*We will contact you should you need to take an			

1. Please write a check (\checkmark) for the item(s) below that applies to you.

() Continued fever for 4 days or more

(

) You have symptoms such as cough, phlegm, sore throat, runny nose, or headache

2. For those who checked an option for question 1, please check (\checkmark) the following.

() You have had contact with someone suspected of having coronavirus

($\$) You have been to a club or bar in Ginza, Roppongi, Shinbashi, Shinjuku, etc. in the past 1-2 months

() You have been to a place where people gather such as a live house, karaoke parlor, gym, party, etc.

() You have been abroad in the past 1-2 months

) You have had contact with someone coming from abroad in the past 1-2 months

3. Please check (\checkmark) how you would like to receive your medical report.

- () Pick-up from this hospital (at the General Internal Medicine reception desk, 1st floor counter 10)
- () Sent by postal mail to your residence
 - *Certificates will take 4 business days before they are completed (mailed certificates will require an additional 2-3 days)

Precautions for receiving the test

[•] Some people have the novel coronavirus even when they do not have symptoms. Also, there are times when tests come out as positive even if the patient does not actually have the virus. For those who test positive for the virus, this hospital will call you and instruct you on speaking with a doctor and/or other actions.