☐Car ☐Waiting tent Covid-19 Medical Questionnaire / /

フリガナ		Date of birth	/ / ( ) year old
Name	(Male・Female)	Phone	( ) -
		Mobile phone	- -
Address	〒 −		
Current place of residence	☐Same as above	〒 −	
Profession	☐Health care workers ☐Welfare facilities officials ☐Police officials ☐Firefighters ☐School officials ☐kindergarten children ☐Restaurant officials ☐Unemployed		
Workplace / school name		Work location	city
Current body temperature		SPO2	Pulse

1. What are the symptoms?

☐Fever (Maximum body temperature ℃ /) ☐Sore throat
☐Cough ☐Smell disorder ☐Joint pain ☐I feel the body is heavy ☐Vomiting
☐Nausea ☐Diarrhea ☐Numbness ☐Breathing difficulty ☐Headache ☐Dysgeusia
☐Other(s) 【 】

2. When did the symptom start? (/ AM・PM o'clock)

3. Overseas travel history within the past 2 weeks

☐No ☐Yes (/ ～ / Destination :)

4. Did you go to a crowded place within two weeks? ☐No ☐Yes

Event・Dinner party・Karaoke・Sports gym・Business trip Other(s) ( )

5. Is there anyone around you who has been diagnosed with a Covid-19?

☐No ☐Yes (☐Family ☐Workplace ☐Other(s) [ ])

6. Are you allergic to food or medication? ☐No ☐Yes (Food・Drug :)

7. Are there any illnesses you are currently treating? ☐No ☐Yes

☐Heart failure ☐Diabetes mellitus ☐Dementia ☐Use of anti-cancer drugs
☐Dyslipidemia ☐Hypertension ☐Use of immunosuppressants ☐Malignant tumor
☐Cerebrovascular disease ☐Respiratory disease ☐During dialysis treatment
☐Chronic kidney disease ☐Obesity (Those with a BMI over 30)

8. Do you have any medicine you are currently prescribed?

☐No ☐Yes (☐Prescription drugs at our hospital ☐Other(s) [ ])

9. Are you currently smoking?

☐No ☐Yes ( ) cigarettes/Day (☐ I smoked in the past)

10.If female, answer the questions below. Are you pregnant, or possibly pregnant?

☐No ☐Yes

11. About the car Manufacturer ( ) Colour ( ) Number ( )

12. Covid-19 vaccination history

☐Not inoculated ☐First time (/ /) ☐Second time (/ /)
Vaccine company name ( )

※Those who receive a fever outpatient will be in principle inspected according to the doctor's instructions.