Interview sheet for preventing COVID-19 infection expansion (Form A)

☆All people coming to this hospital, need to fill out this form and bring it reception desk.

name		patient ID			temperature		°C	
cell phone number		date and time	/у	/m /d	(:) (AM • P	'M)	
visitor	visitor Depatient Depatient's family Dother person()							
division	Doutpatient (department of) / regested to come							
division	□inpatient (hospital	ward EAST •	WEST	FLO	OR · AC	cc · ICU ·	NICU)	
	attendance of outpa			r pick up inpo			of inpatient	
purpose	delivery of inpatie	-				operation		
	□ examination		regested t	to come		``		
$\Box \text{other} ()$								
★If you have had any of the following situations, please check (☑) and provide the information. □ 1)Within the past 14days, I visited a crowed space, a confined space, and /or had								
			u spuce, u	com meu s	space, and	/01 /100		
	ontact with other people.							
	visit date /y /m /d · the place you visited: 2) Within the past 14days, I've been in contact with a person who has tested positive for COVID-19.							
_ / W								
	t date /y /m /d · the place you've contacted ()							
•relation with the person (a family member, coworker, acquaintance, other)								
□ 3)A family member, coworker, ect, has been requested to self quarantine.								
	4) Within the past 14days, I have visited a foreign country.							
<u>`</u>	<u>country () return date /y /m /d</u>							
37 101111	5) Within the 14days, I have been in close contact with a person who has visited a foreign country.							
	country () return date /y /m /d							
	-,							
contact	ontact with another person who visited a foreign country.							
the place where I came into contact with that person () · circumstance ()								
7)From the past 14 days to today, if the symptom of your family member, coworker,								
	ect, corresponds, please check 🗹 the following.							
temperatur	e (more than 37.5°C)	nard to understand the	smell					
□ cough		feel listless		loose bow	els		N/A	
□ running	nose 🗆	short of breath	ι 🗆	headache				
□ sore th			_					
□ hard to		the date when th	ne above s	vmptom occ	urred ·	/m /d		
 □ hard to taste the date when the above symptom occurred : /m /d 8) From the past 14 days to today, if the symptom of your family member, coworker, 								
ect, corresponds, please check \square the following.								
-	erature (more than 37.5°C) in hard to understand the smell							
□ cough		feel listless		loose bow	els		N/A	
□ running		short of breath		headache				
□ sore th			· ⊔	neuducne				
□ hard to taste the date when the above symtom occurred : /m /d								
What I want to talk about with a doctor:								
XTf you're	nequested to weit in	the con place	provide	the following			₩₩₩	
							確認欄	
car model (color:) number :								