

To Honmoku Bayside Clinic

Consent form

* Please check the check boxes of the applicable items among the following.

Content of agreement	
<input type="checkbox"/>	Have cold-like symptoms.
<input type="checkbox"/>	Have fever over 37.5 °C
<input type="checkbox"/>	Have contact with anyone who had tested positive for the novel coronavirus within the past two weeks.
<input type="checkbox"/>	There have been people infected with the novel coronavirus at work or school.
<input type="checkbox"/>	Loss of taste or smell.

How to read				
Name				
Birthdate		age		
		year old		
address				
Postal code 〒 —				
phone number		Inspection methods ※Please select and circle.		
Home phone	() —	PCR saliva	PCR Swab	Antigen test
Mobile phone	() —	唾液	鼻咽頭	抗原

Medical corporation Toyohakai
Honmoku Bayside Clinic



本牧ベイサイドクリニック

Consent Form

Would you like PCR test at self-financed medical care?

Yes · No

*The inspection fee is not refunded even if your PCR test is positive.

After accepting the above, I will be inspected.

Date / /

Signature _____