

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
Mobile phone	()	—	唾液	鼻咽頭
				Antigen test
				抗原

Medical corporation Toyohakai
Honmoku Bayside Clinic