【様式2】 To the Mayor				Evacuation Shelter Name			е					Registr	y Numbe	er				
Evacuee C		Car	ď	Date Recorded				(year) / (month) / (date)										
Furigana Household Representative's Name										Cell Phoi (or Landl Phone)			ı	()	_		
Address on Certificate of Residence Gifu-ken						-shi -cho -mura												
Type of ☐Owned Home ☐Rented Home				ndition		□Totally Destroyed □Half Destroyed □Partially Destroyed/Damaged □Flooding Above Floor □Flooding Below Floor □Water Outage □Electrical Outage □Gas Outage												
Home □Other ()			liva	your home in vable Service (Livable) Service (Not Livable)														
Car			Numbe			Do you have an y pets with you? ☐No *List pets in the Pet Registry) Registry	-						
Mannar/Lagation of				_		IAt Home □Inside of Car :) □Other ()												
May we confirm your safety/ whereabouts to inquiring relative May we put information about your					men			memb	eck Yes or No only after obtaining the agreement of all family mbers. Those who do not wish to publicize their information due									
	ing on public mun				□Y	□Yes □No to domestic violence etc. must report this.						-						
						Spe			umstances (Add details about checked items below) Disabilities									
						Spe		ni cui i	ISIGIT	•				. 0110				<i>)</i>
	Name		Sex	Age	New Mothers	5) Expectant &	Care Required	JII CUIT	Phys	Ì	Disab			Developmental	Other	Allergies	Medications	Other
	Name Household Representati	ve	Sex	Age yrs.			Care	□Exte		sical Internal	Disab	ilities	3					
Details			□м		[Expectant &	Care Required	□Exte	Physemal — wall	sical IInternal Auditory	Disab	ilities Mental	Intellectual	Develormental	Other	Allergies	Medications	Other
Family Details			□м □F	yrs.	[Expectant &	Care Required	□Exte	Physemal — all — a	sical Internal Auditory Internal Auditory	Disab	Mental	Intellectual	Developmental 🗆	Other	Allergies	Medications	Other
Family Details			□M □F □M □F	yrs.		Expedant &	Care Required	□Exte □Visu □Exte □Visu □Exte	Phy: emal emal emal emal	Sical Unternal Auditory Unternal Auditory Auditory Auditory Auditory	Disab	Mental	Intellectual	Desetormental 🗆 🗆	Other	Allergies	Medications	Other
Family Details			OM OF OM OF	yrs. yrs. yrs.		Expediant &	Care Required	□Exte □Visu □Exte □Visu □Exte □Visu □Exte □Visu	Physical Phy	Sical Internal Auditory Internal Auditory Internal Auditory Internal Auditory	Disab	Mental	Intellectual	Daebpmental	Other	Allergies	Medications	Other
Family Details	Household Representati			yrs. yrs. yrs.		Expectant &	Care Required	DExterior Dexterior	Physemal	Sical Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory	Disab	Mental	Intellectual	Deetgmental	Other	Allergies	Medications	Other
Family Details	Household Representati		OM OF OM O	yrs. yrs. yrs. yrs.		Expedent & C C C C C C C C C C C C C C C C C C	Care Required	Exterior Exterior	Physemal	Sical Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory	Disab	Menta	Intellectual	Deelcymental	Other	Allergies	Medications	Other
Ways Y	Household Representati	Checked Ite d Inform D Evacuation	□M □F ms ation	yrs. yrs. yrs. yrs. yrs.		Expedent & C C C C C C C C C C C C C C C C C C	Care Required	Exterior Exterior	Physemal	Sical Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory	Disab	Menta	Intellectual	Deelcymental	Other	Allergies	Medications	Other
Ways Y	For C Detaile You Can Contribute to alifications/Licenses/Sk	Checked Ited Inform Description Descriptio	□M □F Shelter	yrs. yrs. yrs. yrs. yrs.		Expectant &	Care Required	Exterior Exterior	Physemal	Sical Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory Internal Auditory	Disab	Mental	Intellectual	Deelcymental	Other	Allergies	Medications	Other

ddress

fu/-ken

-cho,-machi/-mura,-son

Date completed/記入日:

Health Status Checklist (example)

健康状態チェックカード (例)

Please answer the following questions about your physical condition today and hand this form in to the front desk.

当日の体調を記入し、受付に渡してください。

Name/氏名:

◆About your physical condition/体調について

・Do you have a fever? 発熱はありますか	Yes / No
・Do you have difficulty breathing? 息苦しさがありますか	Yes / No
・Have you lost your sense of taste or smell? 味や匂いを感じられない状態ですか	Yes / No はい・いいえ
・Do you have a cough or phlegm? 咳やたんがありますか	Yes / No はい・いいえ
・Do you feel general fatigue? 全身倦怠感がありますか	Yes / No はい・いいえ
・Are you vomiting or feeling nauseated? 嘔吐や吐き気がありますか	Yes / No
・Do you have repeated diarrhea? 下痢が続いていますか	Yes / No

◆About the pneumococcus (pneumonia) vaccine

肺炎球菌ワクチンの接種について

· Have you had the pneumococcus	Yes / No /
(pneumonia) vaccination?	I don't know
肺炎球菌ワクチンの接種について	はい・いいえ・不明

Health Status Checklist (example)体調チェック表 (例)

pneumococcus (pneumonia) vaccination? 肺炎球菌ワクチンの接種	Other information ※その他 記入事項
Yes / No / I don't know あり・なし・不明	

		/ (Mon./月)	/ (Tues./火)	/ (Wed./水)	/ (Thurs./木)	/ (Fri./金)	/ (Sat./土)	/ (Sun./目)
	Morning/朝		°C	°C	°C	°C	°C	1 1
Body temperature/体温 Noon/昼 Evening/夜		°C						
		°C						
	★Select "yes" if any of the following apply: 一つでも該当あれば「はい」を選択	<u> </u>						
	★Breathing heavily (more frequently) 息が荒くなった(呼吸数が多くなった)							
	★Sudden shortness of breath 急に息苦しくなった							
Difficulty breathing [息苦しさ]	★Breathlessness upon moving even a little 少し動くと息があがる ★Chest pain 胸の痛みがある	Yes / No	Yes / No はい・いいえ					
	★Can't lie down or can't breathe unless sitting 横になれない・座らないと息ができない							
	★Wheezing, or shoulders move a lot when breathing 肩で息をしている・ゼーゼーしている							
Sense of taste and smell	No sense of taste or smell	Yes / No						
[味覚・嗅覚]	味や匂いを感じられない	はい・いいえ						
Phlegm/cough	Cough or phlegm getting worse	Yes / No						
[喀痰・咳嗽]	咳やたんが、ひどくなっている	はい・いいえ						
General fatigue	Struggling to stay awake	Yes / No						
[全身倦怠感]	起きているのがつらい	はい・いいえ						
Nausea/vomiting [嘔気・嘔吐]	Repeated vomiting or continuous nausea	Yes / No						
	嘔吐や吐き気が続いている	はい・いいえ						
Diarrhea	Repeated diarrhea (3 times a day or more)	Yes / No						
[下 痢]	下痢が続いている(1日3回以上の下痢)	はい・いいえ						
	Other symptoms/その他の症状	Yes / No						
	Not eating/食事が食べられない	はい・いいえ						
	No urine for half a day or more/半日以上尿が出ていない	(Please describe						
	Runny nose/blocked nose, sore throat /鼻水・鼻づまり、のどの痛み Red eyes (conjunctival injection), headache, Joint and muscle pain, convulsions /結膜充血、頭痛、関節筋肉痛、けいれん	specific symptoms) (具体の症状)						
	Any other symptoms of concern/その他の気になる症状							