（神戸市新型コロナウイルス専用健康相談窓口　FAX 送付票）　English（英語）

Novel Coronavirus Infection Phone Consultation

Furigana (name written in *kana*) Name		Age (years old)	Gender Male / Female
Contact info	FAX no. (　　)　　-	Date sent	(month)　(day)

	Question	Answer	
1	Do you currently have a fever?	Yes [Since when?] Since　(month)　(day) [What is your current temperature?] .　degrees	No
2	Do you have any other symptoms? - Please circle any symptoms you have. (Coughing / sneezing / runny nose / intense fatigue / difficulty breathing) - Please write down any other symptoms you are concerned about. 【　】		No
3	Are you currently being treated for any illnesses?	Yes 【Name of illness:　】	No
4	Do you have a primary care doctor (doctor you regularly see) that you can consult with?	Yes 【Name of doctor/clinic:　】	No
5	Within the past 14 days, have you visited any of the geographical regions that have been publicly identified by the WHO as COVID-19-endemic (regions where it is spreading)?	Yes [When was this?] (month)　(day)	No
6	Within the past 14 days, have you come into contact with an individual that lives in or has visited any of the geographical regions that have been publicly identified by the WHO as COVID-19-endemic (regions where it is spreading)?	Yes [When was this?] (month)　(day)	No
7	Within the past 14 days, have you spent extended amounts of time together in the same location (inside of a car, in the same room, etc.) with an infected individual or a suspected infected individual? - What kind of place did you spend time together in? 【　】 - How much time did you spend together? 【　】		No
8	Please write down anything else you would like to discuss.		No

*After reviewing this form, we will contact you at the number you have provided above to give you instructions on how to proceed.

This FAX submission form has been translated by the Hyogo International Association so that it can be used as a reference material by interpreters.