Consultation Date:				Body Temperature at examination: <u>°C</u>
	(Month)	(Day)	(Year)	
	Pre-Tra	avel Nov	el Corona	avirus Test Questionnaire
Name (same as passport):				Passport Number:
Date of Birth:				Patient ID Number:
	(Month)	(Day)	(Year)	
Address:				
				ill contact you should you need to take an additional test
1. Please write a check (\checkmark) for the item(s) below that applies to you.				
() Continued f	fever for 4 da	ays or more	e	
() You have sy	mptoms suc	h as cough	, phlegm, so	bre throat, runny nose, or headache
2. For those who	checked an o	option for c	question 1, pl	lease check (\checkmark) the following.

- () You have had contact with someone suspected of having coronavirus
- () You have been to a club or bar etc in the past 1-2 months
- () You have been to a place where people gather such as a live house, karaoke parlor, gym, party, etc.
- () You have been abroad in the past 1-2 months
- () You have had contact with someone coming from abroad in the past 1-2 months
- 3. Please check (\checkmark) how you would like to receive your medical report.
 - () Pick-up from this hospital
 - () Sent by postal mail to your residence
 *Certificates will take 4 business days before they are completed (mailed certificates will require an additional 2-3 days)

Precautions for receiving the test

- Those applicable under the above questionnaire may undergo an examination covered by insurance either the following day or later. (Because your necessity for the PCR test will be determined by the doctor during your examination, you may not be eligible for the test.)
- Some people have the novel coronavirus even when they do not have symptoms. Also, there are times when tests come out as positive even if the patient does not actually have the virus. For those who test positive for the virus, this hospital will call you and instruct you on speaking with a doctor and/or other actions.