

【Interview Sheet for First Visit】

Medical specification : need / don't need)

- Attendant of today: father mother grandfather grandmother others ()
- Child's name: _____(male, female)
- Date of birth: _____month _____day _____year, Age: _____years _____months
- Weight: _____kg Body temperature: _____℃
- Address: 〒 _____
- Phone number:(house: _____) (mobile: _____)
- Car number, if child has a fever: _____

1. What are your symptoms today? (your child) Check an applicable status.
 - fever : since _____month _____day: (_____℃ ~ _____℃)
 - cough : since _____month _____day: getting better same worse
 - snot : since _____month _____day: getting better same worse
 - rash : since _____month _____day: getting better same worse
 - stomachache : since _____month _____day: getting better same worse
 - vomiting : since _____month _____day: () times a day
 - diarrhea : since _____month _____day: () times a day
 - others : ()
2. **Have you been in another prefecture within last 2 weeks?** No Yes→(when,where ?)
- Have you contacted with people who may have COVID-19?** No Yes→(when,where ?)
3. Have you visited any hospital, recently ? No Yes → (where?)
4. Are you taking any medicine ? No Yes → (what?)
5. What kind of medicine can you take ? Tablet Powder Syrup Suppository
6. Do you have appetite ? Yes Little Not at all
7. Can you take water ? Yes Little Not at all
8. Are you in a good mood ? Yes Not good Bad
9. Can you sleep during a night ? Deep sleep Wake up from time to time Can't sleep
10. Do you have allergies ? No Yes→Asthma, AtopicHay feverMedicineFoodOthers()
11. What illness have you had in past ? Or are you currently under medical treatment ?
(Illness, Medicine, Hospital,)
12. Have you ever been hospitalized ? No Yes→(Why ?How many times ?)
13. Have you had regular vaccination ? No Yes
14. How many members in your family ? (), Do they have same symptoms ? No Yes
15. Is there any prevalent illness at your school ? No Yes
Name of your: Nursery school, Kindergarten, Primary school, Junior high school : ()
16. If you have any questions, please write here.
()
17. How do you know this clinic ? Friend, Internet, Signboard, Passing by, Others ()

Caution ! : If you are not here when your turn comes, your turn will be late.