

整理 番号	
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Evacuee Card

登録 処理	
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※Please fill in the sections inside the bold frame and on the reverse side of the form. Please notify us of any changes.

避難所名				入所年月日・時間	令和 年 月 日 :	
Address					<input type="checkbox"/> Resident in the city (town) <input type="checkbox"/> Resident outside the city (town)	
	Tel. Home : ()		Mobile : ()			
Family members in this shelter	Representative	Furigana Name	Relation-ship	Age	Sex	Health condition, etc.
			-		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)
	2				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)
	3				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)
4				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Good <input type="checkbox"/> Injured (Injuries) <input type="checkbox"/> Ill <input type="checkbox"/> Care needed (elderly person requiring nursing care, person with disabilities, expectant and nursing mothers, etc.)	
Family members who are not in the shelter					Whereabouts→ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other () <input type="checkbox"/> Unknown	
					Whereabouts→ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other () <input type="checkbox"/> Unknown	
Availability of evacuation support		<input type="checkbox"/> Yes Means of evacuation: <input type="checkbox"/> Transportation by family <input type="checkbox"/> Transportation by local residents <input type="checkbox"/> No Means of evacuation : <input type="checkbox"/> Walk <input type="checkbox"/> Bicycle/Motorbike <input type="checkbox"/> Car (No :)				
Damage to house		<input type="checkbox"/> No damage <input type="checkbox"/> Damaged <input type="checkbox"/> Unknown				
Emergency contact (relatives, etc.)		Address : Name : (Relationship :) Tel : ()				
Special remarks (Notes on illnesses, etc.)						
If someone inquires about your safety, may we release your name and address?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

(避難所記入欄)

退所年月日・時間	令和 年 月 日 :
転出先 <input type="checkbox"/> 自宅 <input type="checkbox"/> 親族・友人宅 <input type="checkbox"/> 仮設住宅 <input type="checkbox"/> その他	住所 : 氏名 : 電話 : ()

Medical Interview Sheet

Number	Name	Body temperature	Intense fatigue/ breathing difficulties	Cough and/or lack of smell/taste	Recent close contacts	Remarks (relevant symptoms, etc)
1		°C	Yes • No	Yes • No	Yes • No	
2		°C	Yes • No	Yes • No	Yes • No	
3		°C	Yes • No	Yes • No	Yes • No	
4		°C	Yes • No	Yes • No	Yes • No	
5		°C	Yes • No	Yes • No	Yes • No	

※Please complete in the same order as the Evacuee Card.

※Please provide the body temperature as taken at the entrance to the shelter.