

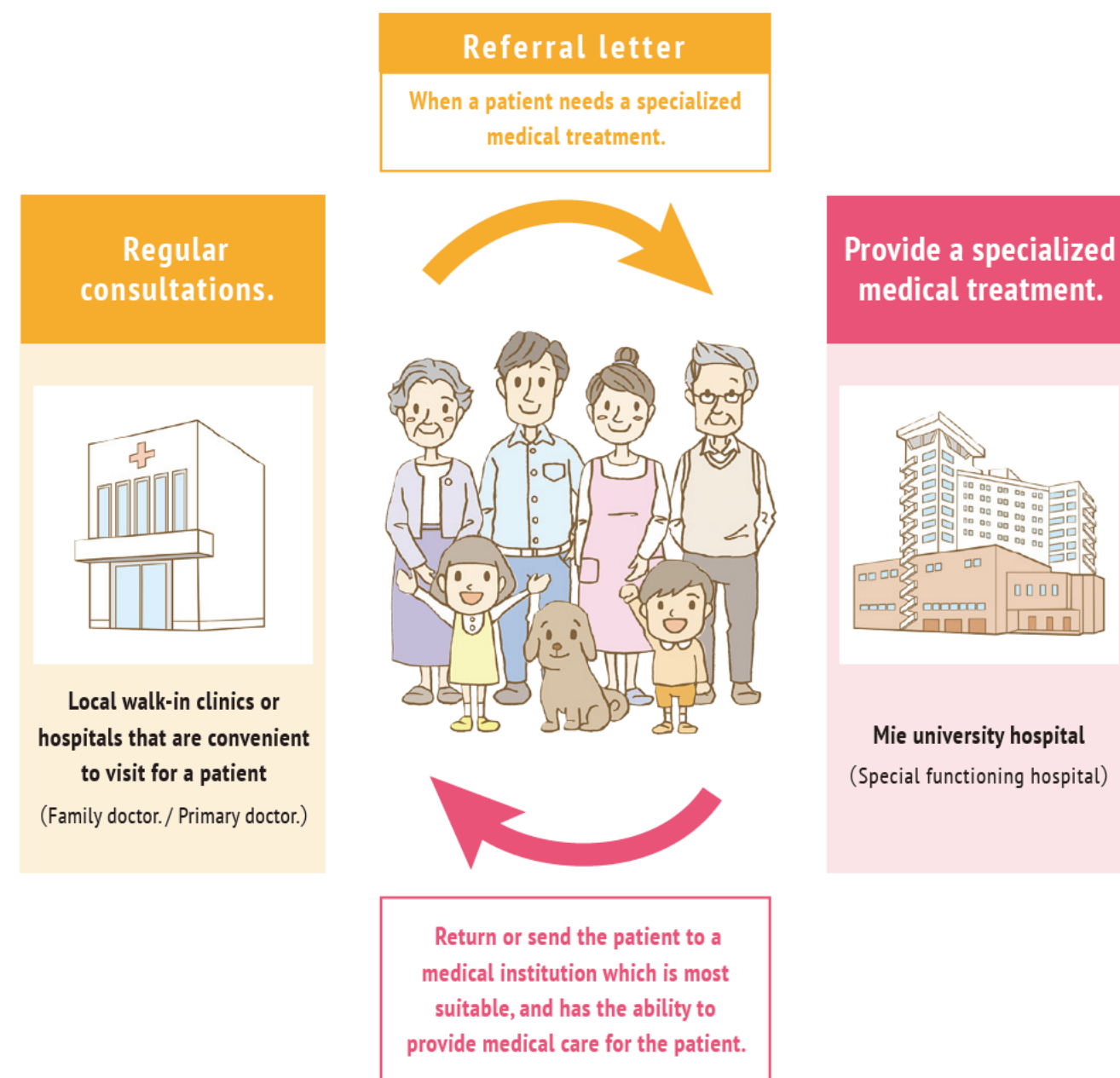
Hospital Admission Brochure

Special Functioning Hospital

The Special functioning hospital model. [特定機能病院として]

Being a special functioning hospital, we mainly focus on advanced acute medical care.
 In principal, we require patients to present a referral letter from another medical institution to provide specialized medical treatment.
 When a patient's condition becomes stable, we will first reach an agreement and then return or transfer them to the most suitable medical institution with the ability to care for them. We appreciate your understanding.

We are making efforts to enhance our relationship with local medical institutions.



Counseling service for patients. [患者相談窓口について]

- We provide support for patients concerning any fears or anxieties they may have which may arise from their illnesses or injuries.
- We cooperate with local medical institutions, as necessary.
- The details of counseling are strictly confidential. We make an effort to ensure patients are not disadvantaged in any way.
- Counseling is offered for free. Please do not hesitate to ask.

Major support categories.

- Concerning daily living both during hospitalization and after discharge.
- Concerning medical welfare and social security systems.
- Concerning Patient safety.
- Suggestions or requests about our medical treatment and services.
- Medical Interpreters. (Portuguese / Spanish)
- Intractable diseases support counseling.
- Mental health counseling for patients and their families.
- Cancer support counseling.
- Concerning balancing medical treatment and work.

At the cancer support center, the specialized oncology nurses and medical social workers support patients who have worries about living with cancer treatments.

Reception hours.	8:30 to 17:00 on weekdays. ※After reception hours or a closed day, please ask the ward staff.
Location.	Comprehensive patient support center on the first floor of outpatient clinic department.
The executive officer.	The head of the Comprehensive patient support center.
Support staff.	Nurses, Medical social workers, Certified psychologists, Medical interpreters, Medical clerks.

For patients to be admitted to the hospital. [入院される方へ]

Admitting on weekdays. (Monday to Friday) [平日の場合]

—The procedure on the day of admission.—

Please arrive at the hospital between 9:00 to 10:00 a.m.

You will be informed of the name of your ward floor at counter No.3 (Admissions counter) on the first floor of the outpatient clinic department.

(1) Registration for hospital admission.

Please submit the necessary items shown below at counter No.3 (Admissions counter) on the first floor of outpatient clinic department. Two kinds of form are required to be filled out in advance.

- Confirmation form for Visitor restriction.
- Letter of Guarantee for Hospitalization.
- Japanese health insurance card.
- Patient ID card.

※Only for the patients who have any of these.

- Insurance certification for senior. (Kourei jyukyusya sho)
- Recipient certification for the welfare and medical service. (Fukushi iryou jukyusya shikakusho)
- Recipient certification for publicly funded health care. (Kouhifutan jukyusya sho)
- Benefit certification for high-cost medical expense. (Gendogaku nintei sho)
- Total sheet for predefined limit of copayment. (Jikofutan jyougengaku kanrihyou)

(2) Medication check-up.

Regardless of whether you bring medications or not, please come to counter No.10 (Medication check-up counter) to report.

If you are regularly using any medication, pack the below items into one bag and hand it to the pharmacist. They will check them up.

- All your medications that you are currently using such as oral medicines, an inhaler, suppositories, compresses, eyedrops, etc.
- Your medication record booklet or medication information sheets.
- Any health food products or supplements that you are regularly taking.

We will return the medications and booklet to you at your inpatient ward. Occasionally, it may take some time to return your medication. Please keep a dose of medications that you need to use before or after lunch on the admission day. During your stay, you can only take medications indicated by your doctor. So please leave all your medications at counter No.10. During your stay, eating health products and taking supplements are generally prohibited. If you plan to take any of these, please ask your primary doctor about it.

(3) Please go up to your ward by taking the inpatient ward elevator.

Admitting on Saturday, Sunday or holidays. [土・日・祝日の場合]

—The procedure on the day of admission—

Since the main entrance door is locked throughout the day, please enter from the after-hours entrance. You can use the parking lot in front of the hospital.

(1) Registration for hospital admission.

Please submit the necessary items shown below at the after-hours counter (Night shift room / Security guard room). Two kinds of forms are required to be filled out in advance.

- Confirmation form for Visitor restriction.
- Letter of Guarantee for Hospitalization.
- Japanese health insurance card.
- Patient ID card.

※Only for the patients who have any of these.

- Insurance certification for senior. (Kourei jukyusya sho)
- Recipient certification for the welfare and medical service. (Fukushi iryou jukyusya shikakusho)
- Recipient certification for publicly funded health care. (Kouhifutan jukyusya sho)
- Benefit certification for high-cost medical expense. (Gendogaku nintei sho)
- Total sheet for predefined limit of copayment. (Jikofutan jyougengaku kanrihyou)

The staff will inform you of the name of your ward floor.

(2) Please go up to your ward by taking the inpatient ward elevator.

(3) Medication check-up.

If you are regularly using medications, pack the below items into one bag and hand it to a ward nurse.

- All your medications that you are currently using such as oral medicines, an inhaler, suppositories, compresses, eyedrops, etc.
- Your medication record booklet or medication information sheets.
- Any health food products or supplements that you are regularly taking.

Occasionally, return of your medication may take time. Please keep a dose of medications that you need to use before or after lunch on the admission day. The purpose of the confirmation of medication you normally use is to ensure your safe use during hospitalization.

Submission of forms. [書類提出について]

If you could not submit any of the forms at the after-hours counter, please resubmit them at counter No 3 on the first floor of the outpatient clinic department during its opening hours. (Monday to Friday except national holidays and new year's holidays)

Hospital stay. [入院生活について]

01 | Items for hospitalization. [入院に必要なもの]

- Daily toiletry items. (Toothbrush, Soap, Shampoo, Detergent for laundry, etc.)
- Cutlery. (Chopsticks, Spoon, Tea-mug, etc.)
- Daily items. (Pajamas, Underwear, Towels, Box tissue, etc.)
- Footwear which protects the foot, with non-slip soles.
(Please do not wear slippers as your hospital shoes to avoid slip and fall accidents.)
- Others. (Writing materials, Knit-jacket, Hearing aid, Glasses, Dentures, Shaving items, etc.)

To make preparation easier for patients and their family, there is a daily items rental service for hospitalization called CS set. (It costs 450 yen plus tax per day)

Details, cost, and applying process of CS set are explained at the Comprehensive patient support center and each outpatient department when your admission is settled. If you would like to rent it, please submit the application form at the inpatient ward.
#You can buy daily items and diapers at Lawson and Medical supplies store, both of which are on the first floor.

02 | Hospital rooms. [病室について]

Room request.

- Even if you were hoping to stay in a private room, we may not be able to meet your request depending on your condition or the room availability of the ward. We would like you to understand this.
- When your condition becomes stable, we may move you to a different room for other patients who need to receive medical treatment. In that case, we will give you an explanation at each time.

Private rooms.

- Private room fees are charged on a daily basis regardless of time of use, this includes the day of admission or discharge, or overnight stay. For example, if your hospitalization extends for 2 days and 1-night, you will be charged for 2 days.
 - Private room fees are not covered by Japanese health insurance.
 - Details of each private room are shown below.
- ※TV and refrigerator setting up on a bed side shelf are paid services. You need to buy a prepaid TV card to use.

Private room A	Bathtub, Toilet, Kitchen, Living room area, Large screen TV, Microwave, Refrigerator
Private room B	Shower, Toilet, Microwave, Bedside shelf (TV/Refrigerator), Clothes case
Private room C	Shower, Toilet, Microwave, Bedside shelf (TV/Refrigerator), Clothes case
Private room D	Bedside shelf (TV/Refrigerator), Clothes case

Shared Room (4 beds room).

- 4 beds room charges are covered by Japanese health insurance. (There are no extra charges.)
 - Bed side shelf (TV/Refrigerator) are provided to every patient. You can use a locker as a clothes case.
- ※TV and refrigerator setting up on a bed side shelf are paid services. You need to buy a prepaid TV card to use.

03

Overview of facilities between the 5th and the 11th floors of inpatient clinic ward. [病棟5~11階の施設について]

	Location.	Available hours.
Shower room	Each ward.	Please ask at your ward.
Laundry room. (Washing machine) #Please use your own laundry detergent.		
Water dispenser. (Green-tea, Houji-tea, Drinking water)	Around the dining room.	24 hours a day.
Phone booth. (Public phone)		
Ethernet cable socket. ※Please bring your own Ethernet cable. There is no free-Wi-Fi in inpatient clinic ward.	At bedside shelf.	
Vending machines for TV card.	At elevator lobby of each ward.	
Vending machines for beverage.		
Phone call allowed areas.	At visitor lounge of each ward. / Phone booth.	

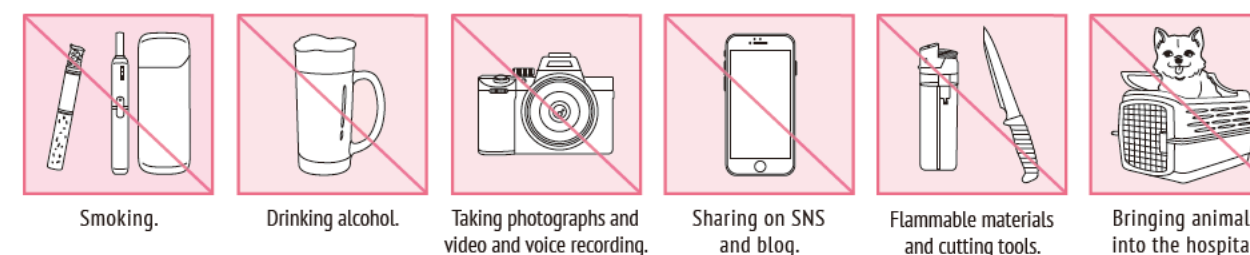
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Meals. [お食事について]

Breakfast.	8:00.	Lunch.	12:00.	Dinner.	18:00.
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- Meals are served in line with your doctor's instructions. To avoid causing trouble with your medical treatment, do not eat or drink other foods and drinks.
- You can change a rice breakfast to bread. If you would like to make the change, you can request it to a ward nurse during admission. In that case, an extra charge of 170 yen per meal will be added to the standard meal fee.
- As for lunch and dinner, there are some optional meals for those patients who eat regular meals (Large, Medium, Small). If you would like to select them, please ask for the details at your ward. (An extra charge of 170 yen per meal will be added to the standard meal fee.)

Prohibitions.



- The rules are not only for patients, they apply to the patient's family and visitors as well.
- According to the law of health promotion, nobody can smoke anywhere in the hospital.
Everyone must follow this rule.
- Even if the cigarette is an electrical one, use is not allowed.
- Both bringing and drinking alcohol in the hospital are prohibited.

05 | Bedding. [寝具について]

Bedding will be provided by the hospital. The frequency of bed changing is different on each ward (Usually once a week), but we will change your bedding whenever it gets dirty.

06 | Accompaniment. [付き添いについて]

Basically, it is not necessary to accompany the patient. But if your family is hoping to do that with specific reasons, you need to first ask a ward nurse about it.

07 | Visitations. [面会について]

- Please fill out the visitor form in advance and hand it at the staff station of inpatient ward.
- The visitor forms will be handed at the general information counter (14:00 to 17:00 on weekdays) and the after-hours counter (17:00 to 19:00 on weekdays, 14:00 to 19:00 on Saturday, Sunday, and holidays).
- In principal, use the visiting room of each ward.
- On the day of your operation or during a period of severe condition, only your family members can visit.
- Visitors who take children aged under 12 (Below elementary school age) are not allowed to enter the inpatient ward in order to keep children from getting a hospital-associated infection (HAI).
- Visitors who are having infectious diseases such as common cold should avoid visiting the patient. Depending on a patient's condition, we may have to refuse or restrict visitation. We would like you to understand this.
- Visitors must follow the visiting hours (Shown below) to avoid causing any disturbance of the patient's rest and treatment.

Visiting hours of every ward.	14:00 to 19:00
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ER and ICU.	14:00 to 15:00 / 18:00 to 19:00
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08 | Going out and overnight stays. [外出・外泊について]

When you are hoping to go out or overnight stay, you must first receive permission from your primary doctor. For that, please ask the ward nurse to prepare the permission. In principal, permission of overnight stay is only given for 2 days and 1-night.

09 | Lights-out time. [消灯時間について]

Lights-out time 21:00

- Please turn off the TV and radio before you sleep.
- For security reasons, under bed lights will be light up by a motion sensor.

10 | Closing times of ward entrance. [病棟入口の閉鎖時間について]

Closing times of ward door. 22:00 to 6:00

- For security reasons, the door is locked at night.
- When you enter during the closing times, report to a ward staff by the intercom.

11 | Rules of usage of cellphones and electrical devices. [携帯電話・電子機器類の使用について]

- You need to take responsibility for any electrical devices you have brought, such as your cellphone, laptop/tablet, and electric shaver. When you use it, please be considerate to other patients.
- Concerning using a cellphone, please set it to vibration mode and do not talk on a phone except in the phone call allowed areas. You must turn off your cell phone in prohibited areas, such as operation rooms, consultation rooms, and examination rooms.
- We do not accept to bring electrical devices other than those above.

12 | How to safeguard delicate support items. [補助具の取り扱い]

Dentures.

- When having an operation or examination, a patient who is using dentures may be asked to remove them. In this case, wash and place them in their case with enough water. Keeping them is your own responsibility.
- When a patient cannot use dentures for a while with medical reasons, we ask the patient's family to return them back to their home. Along with that, do not wrap them with tissue paper. This may cause accidental drying out, or make them easy to lose.
- We take no responsibility if the loss of items occurs.

Hearing aids, glasses.

- Please take responsibility for keeping your hearing aids and glasses safe.
- We take no responsibility if the loss of items occurs.

How to safeguard your valuables.

For security reasons, use a safety box which is set up on the bedside shelf.

Please do not bring unnecessary valuables and more cash than necessary into the hospital. Including the safety box key, patients and their family are responsible for their belongings. We take no responsibility, if a theft or a loss of items occurs.

There are some other rules we would like you and your family to follow in order to make your hospitalization safe and pleasant. Please ask for details at your ward during admission.

13 | Overview of hospital facilities. [院内施設について]

Name.	Location.	Weekdays.	Saturday.	Sunday and holiday.
Restaurant.	The 12 floor of inpatient clinic ward.	8:30 to 20:30 (Including holidays.)		8:30 to 14:00
Library.	The 6 floor of inpatient clinic ward.	9:00 to 17:00	Closed.	
Medical supplies store.	The first floor of inpatient clinic ward.	8:30 to 17:00		
Barber.		8:30 to 16:30	Closed.	
Beauty salon.		9:00 to 17:00		9:00 to 16:30
Rest lounge.		24 hours a day.		
Settlement machine for TV card.		The first floor of inpatient clinic ward. (In front of inpatient ward elevators.)	24 hours a day.	
Rental bed and comforter (For accompaniment).	The first floor of inpatient clinic ward. Reception desk at medical supplies store.	8:30 to 17:00	Closed.	
Japan post-office.	Go outside the main entrance and walk to the right.	9:00 to 17:00 (Savings and life-insurance services are available until 16:00)		
Japan post-office ATM.		9:00 to 17:30	9:00 to 17:00	
Bank ATM. Hyakugo bank. Dai-san bank. Mie bank.	The first floor of outpatient clinic ward.	7:00 to 21:00		
Lawson.		7:00 to 22:00 (It is closed during new year's holidays, and on its annual maintenance day as well.)		
Doutor coffee (Café).		7:30 to 19:00	8:00 to 17:00	
Free Wi-Fi.	From the first to the third floor of outpatient clinic ward.	24 hours a day.		
Parking lot office.	Go outside the main entrance and walk to the right.	7:30 to 19:30		

Patient safety. [医療安全について]

We ask patients and their family to cooperate with us as members of the medical team in protecting patients from medical errors, infections, bedsores, and falling accidents.

01 | Hospital wristband. [リストバンドについて]

We ask every inpatient to wear an identity wristband. It will be put on your wrist by a ward clerk or a ward nurse as we are identifying with you and your family.

02 | Patient safety check. [患者さんの安全確認]

In inpatient ward, we keep an eye on inpatients. Whenever you leave your ward, please report to a ward nurse about it.

03 | Preventing patient misidentification. [患者さん取り違え防止]

Whenever you have treatments such as operation, examinations, blood sample collection, X-ray tests, IV drip, and blood transfusion, we ask you to say your full name and your date of birth for identification. We also use a barcode scanner to read a barcode printed on your wristband for the same reason.

04 | Preventing HAI (Healthcare-Associated Infections). [院内感染予防]

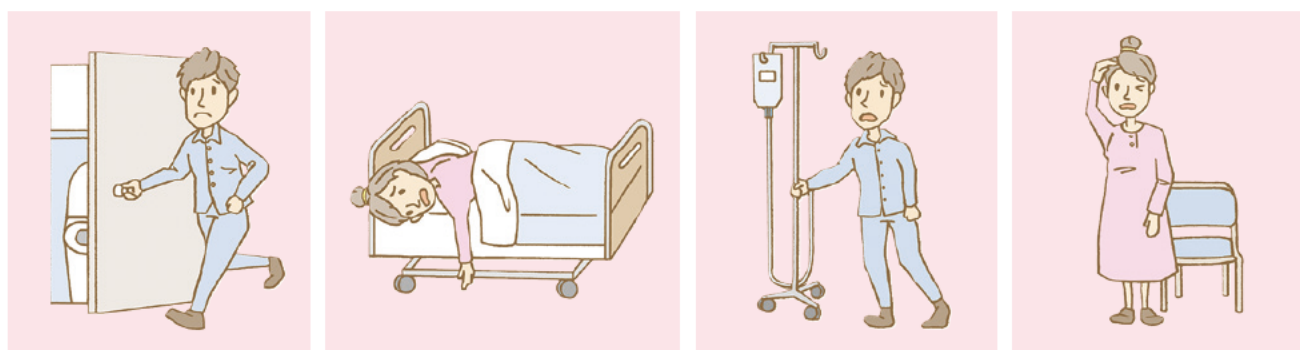
- We ask patients and visitors to practice hand hygiene by hand-rubbing with an alcohol-based hand sanitizer which are set at ward doors and hospital room doors.
- We ask those who have respiratory symptoms (Such as coughing and sneezing) to practice cough etiquette (Cover your mouth with a handkerchief or a tissue and turn your face away from others, wear a surgical mask.) You can buy a surgical mask at the medical supplies store.

05 | Preventing bed sores. [褥瘡予防]

During hospitalization, prolonged bed rest may affect the physical movement of patients. If that happens to you, your doctor and nurse will explain to you the prevention of bed sores. They may move you regularly and change your mattress as well. We would like you to understand this.

06 | Preventing slip and fall accidents. [転倒予防について]

During hospitalization, inpatients may have a high risk of getting into slip and fall accidents because of unusual situations. Please be careful about slip and fall accidents. Here are some examples of the situations below.



When running to the restroom.

When picking up some objects while lying on the bed.

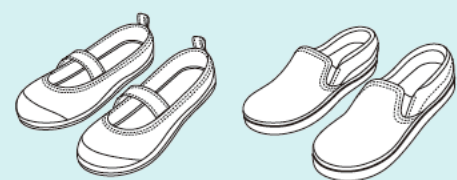
When taking hold of an IV stand.

When feeling dizzy or lightheaded.

07 | Footwear during hospitalization. [入院中の履き物について]

To make your hospitalization safe, your shoes should support your heel, have a non-slip sole, and fit well.

Our recommendations.



Comfortable shoes.



Post-operative shoes.

May cause slip and fall accidents.



Slippers.



Sandals.



Crocs type shoes.

※Please do not wear slippers, sandals, and crocs style shoes as your hospital shoes. These types of footwear easily fall and come off.

08 | In case of an emergency. [非常時について]

- When an emergency happens, please stay calm and follow the instructions given by doctors and nurses.
- Emergency exits are on both north and south side, and at the central region of each floor. Do not use elevators.

For patients being discharged from the hospital. [退院される方へ]

01 | Discharge Time. [退院の時間について]

From 9:30 to 10:00 a.m. is regular check-out time. But in cases where transfer to another medical institution is planned, the check-out time may be different from the regular time.

02 | Handling of lost items. [退院後の私物の取り扱い]

After your hospital discharge, your personal belongings which we found on the bedside shelf and in the locker and refrigerator will principally be disposed after a three month storage term. Please take care not to leave anything in your hospital room.

03 | Payment for inpatient treatment. [お支払いについて]

Your inpatient treatment bill will be given to you at your ward during discharge. If your bill can not be issued at that time, we will ask you to fill out a "Pledge for payment form" and we will send the bill to your registered address another day. There may be cases where we charge some additional fees later because of the delay in processing documents.

04 | Payment locations. [お支払いの場所]

During normal business hours on weekdays (8:00 to 17:00); You can pay at automatic payment machine (No.8) or at counter No.6 (Payment counter), both of which are on the first floor of outpatient clinic department. During unavailable hours: you can pay at the after-hours counter.

For payment method information, see "07 Payment method" on page 14. Receipts will not be reissued. Please keep them safe.

Price list. [各種料金について]

01 | Hospital room. [部屋]

Room type.	Private room A.	Private room B.	Private room C.	Private room D.	Shared room. (4 beds)	
Size in m ²	38.2m ²	20m ²	17m ²	18m ²	35~47m ²	
Room charges per day. (Without tax.)	22,000 yen.	12,000 yen.	10,000 yen.	8,000 yen.	0 yen.	
Facilities.	Bathtub.	○	-	-	-	-
	Shower.	○	○	○	-	-
	Toilet.	○	○	○	-	-
	Kitchen.	○	-	-	-	-
	Microwave.	○	○	○	-	-
	Refrigerator.	○	○	○	○	○
	TV.	○	○	○	○	○
	Living room area.	○	-	-	-	-
	Bedside shelf.	-	○	○	○	○
Clothes case.	-	○	○	○	-	

02 | CS set. [CSセット]

Standard plan.	Diapers plan.
450 yen (Without tax) × days of agreement.	460 yen (Without tax) × days of agreement.

※CS set fee will be charged by ERAN corporation instead of being included in your inpatient treatment bill.
The phone number of ERAN corporation's customer service; 0120-325-856.

※The diapers plan is available only when it is applied with the standard plan.

03 | Parking lot. [駐車場]

Hours.	Up to 24 hours.	Over 24 hours.
Charges.	100 yen per hour (Maximum 800 yen).	The charges until the day before + a charge for leaving day.

※There is no charge if it was within 30 minutes of entering.

04 | Meals. [食事]

Standard meal (Per meal).	Optional meal (Per meal).
460 yen.	+170 yen.

05 | Doctor's notes and Medical certificates. [診断書・証明書]

Name.	Price (without tax).
Regular medical certificate (Mie university hospital's style). (Futsuu shindan sho)	2,000 yen.
Medical certificate for private life-insurance. (Seimei hoken shindan sho)	6,000 yen.
Medical certificate for clinical studies of specific intractable diseases. (Shitei nanbyou linshou chousa kojou hyou)	3,500 yen.
Doctor's opinion for chronic disease treatment for children. (Syouni mansei tokutei shippai iryou iken sho)	3,500 yen.
Medical certificate/ Doctor's opinion for the physical disability certification. (Shintai shougai sha shindan sho/ iken sho)	3,500 yen.
Medical certificate for disability pension. (Shougai nenkin shindan sho)	4,000 yen.

※Applying counter (Counter No 5) is on the first floor of the outpatient clinic department.

※For confirmation, you will need to show a receptionist your patient ID card and some personal identification (We will copy it) at the applying counter. If someone comes to the applying counter on your behalf, you need to hand in a power of attorney (POA) to that person in addition to above items.

※It will take about 4 or 5 weeks to complete the documents after applying.

※Concerning preparation of other documents, we set the price on them according to the hospital's standard price rule.

06 | High-cost Medical Expense Benefit System. (Kougaku ryouyouhi seido) [高額療養費制度]

This is one of the public medical systems. When your monthly medical payment was beyond your predefined limit of copayment, you can claim a refund from your insurance provider.

※You need to get the certificate called "Gendogaku nintei sho" through your health insurance provider in advance. When the certificate has been issued, show it to the hospital. Your monthly payment will be no more than your predefined limit of copayment.

※Application is monthly. (From the 1st to the end of the month)

※Some fees which your insurance provider does not cover such as hospital food service, pajama-rental, and private rooms are not eligible for this system.

※The copayment limits vary depending on age and yearly income.

Main inquiries and reception of each kind.

- Japan health insurance association (Kyoukai kenpo); a branch of the association printed on your health insurance card
- Mutual/ Cooperative insurance (Kyouzai/ Kumiai hoken); employee's insurance section in your workplace
- National health insurance (Kokumin hoken); municipal offices (City offices)

07 | Payment method [支払方法]

Cash, Debit card, Credit card.

※For other payment methods, please ask at your ward or contact the hospital accounting department at 059-231-5076 (Direct number) from 8:30 to 17:00 (Except Saturday, Sunday, national holiday, and new year holidays)

Confirmation of Organ Donor Status.

[ご確認させていただきたいこと]

To patients being admitted to the hospital and the patient's family.

(Patients aged under 18 and patients being admitted to the obstetrics department are ineligible for this confirmation.)

The director of the Mie university hospital.

As we provide medical treatments, we give the highest priority to saving lives and rehabilitation of our patients. Along with that, we would like to confirm your intentions concerning organ donation and transplant.

Please put circles on all the items which apply to you and submit this form to the ward staff.

We are grateful for your understanding and cooperation.

(1) Do you have any donor cards, such as an organ donor card, kidney bank, or an eye bank registration card?

1. Yes, I have. 2. No, I do not have any. 3. I am not sure.

(2) Have you signed up as an organ donor on your driver's license or on your health insurance card?
Or, have you been registered to be an organ donor with any organ donation systems?

1. Yes, I have. 2. No, I have not. 3. I am not sure.

(3) Have you ever talked about organ donation with your family?

1. Yes, I have. 2. No, I have not. 3. I am not sure.

(4) Depending on the situation, would you talk about organ donation with a transplant coordinator?

1. Yes. 2. No. 3. I am not sure now.

Patient's name. _____

Entry person's name. _____ ()
(Relationship.) _____

Entry date. _____ Year. 年 Month. 月 Day. 日

※ This questionnaire is what we ask every inpatient and their family to fill in.

※ Submission is optional. Even if you did not submit this form, you will never be put at disadvantage.

※ Depending on the situation, we may reconfirm the details of this form with you.

※ We may sometimes make the result of this form known to the public but all personal details you have filled in are confidential.

※ If you have any questions about this form, please ask the ward staff.

Confirmation form for Visitor Restrictions.

面会確認表

Your ID number (Patient ID card number)	
Ward name	side of the floor
Admission date	year 年 month 月 day 日

For patients admitted to the hospital

In order to protect patient's privacy, we require all patients admitted to the hospital to submit the visitor restriction form in advance.

Your visitor restrictions. (please check one item below)

<input type="checkbox"/>	I do allow the hospital to give my room information to any visitors. 案内してよい
<input type="checkbox"/>	I do not allow the hospital to give my room information to any visitors. 案内しないで欲しい
<input type="checkbox"/>	I do not allow the hospital to give my room information, and I do not allow the hospital to tell any visitors that I have been hospitalized in here. 案内しないで欲しいし、入院していることも伝えなくて欲しい

※ In an emergency, your name may be displayed and called out in the hall.

Patient's name

Guardian's (or parent's) name.
(It is necessary to sign if the patient is a minor.)

Confirmation date. (This column is for hospital staff) year 年 month 月 day 日

As a general rule, we do not disclose any information about our patients over the phone to protect patient's privacy. Even if a person who had called us was your family or your relatives. Therefore, you need to provide your room information directly to the person in advance when you need a call from them.

Letter of Guarantee for Hospitalization

入院保証書

Your ID number (Patient ID card number)	
Ward name	side of the floor
Admission date	year 年 month 月 day 日

To the director of National university corporation
Mie University Hospital

For admission to this hospital, we guarantee that we will follow the hospital rules and all instructions we will receive during hospitalization. And we take joint responsibility for the patient himself/herself and the medical payment. We promise that we will not cause any disturbance in this hospital.

The following guarantor will make a joint guarantee up to the maximum amount of 500,000 yen.

Patient	Address		Phone No.	(Home) - - (Mobile) - -
	Name		Date of birth	year month day Male • Female
	Occupation (Place of work)		Phone No. (Place of work)	- -
Note (2) Emergency contact information	Address		Phone No.	(Home) - - (Mobile) - -
	Name		Date of birth	year month day Male • Female
	Occupation (Place of work)	Phone No. - -	Relationship	Patient's
Note (3) Guarantor	Address		Phone No.	(Home) - - (Mobile) - -
	Name		Date of birth	year month day Male • Female
	Occupation (Place of work)	Phone No. - -	Relationship	Patient's

Notes

- (1) Please write down your full name as it appears on the family register.
- (2) Be sure to fill in the emergency contact information.
- (3) The joint guarantor must be an adult who is living independently and does not live with the patient.
- (4) Please hand in this letter at the registration counter No 3 on the first floor of outpatient clinic department on your admission day.
- (5) When any of the information you have written here changes, you need to report the details at the registration counter.

Preadmission Self-management Sheet

Medical
Department :

Patient ID card number:
Name :

英語

This sheet is to be used for the health screening of patients who are scheduled to be admitted for surgery and treatments. To keep yourself safe, please fill in this form as accurately as possible.

1. Have you been in close contact with someone who has tested positive for COVID-19?

NO

YES *Check the box on the right

I have been living with the person.

I had a long conversation with the person within 2 meters such as in a car or in a plane.

I had been giving nursing care to the person without surgical mask.

2. In the last 14 days, have you traveled to certain areas or countries where COVID-19 cases are increasing?

NO

YES Domestic : What city? () International : What country ()

3. Also in the last 14 days, have you visited to certain places such as a gym, a nursing-care home, a festival and a music venue where many COVID-19 cases broke out?

NO

YES Which place? ()

Please record your body temperature for 14 days daily before your admission date. The record sheet is printed on the back side.



Temperature Record Sheet

Please record your body temperature daily for 14 days before your admission date. If you have any symptoms such as fever, cough or short of breath during the term, be sure to let us know.



Date		Temperature	If you have below symptoms, check each item.
14 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
13 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
12 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
11 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
10 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
9 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
8 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste

Date		Temperature	If you have below symptoms, check each item.
7 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
6 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
5 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
4 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
3 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
2 days Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste
The day Before Admission			<input type="checkbox"/> Sore throat <input type="checkbox"/> Coughing <input type="checkbox"/> Short of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Loss of smell and taste