【様式2】 To the Mayor				Evacuation Shelter Name				ne					Registr	y Numbe	er				
Evacuee Card				ď	Date Recorded				1	(year) / (month) / (date)									
Furigana	а									Cell	Phone N	Number		(	)				
Househ Represe	old entative's Name									(or Landline if no Cell Phone) —									
Address of Resid	on Certificate dence	Gifu-ker	า			-shi -cho -mura													
	Type of ☐Owned Home ☐Rented Home			me ndition		□Totally Destroyed □Half Destroyed □Partially Destroyed/Damaged □Flooding Above Floor □Flooding Below Floor □Water Outage □Electrical Outage □Gas Outage													
Home	□Other ( )		Is your home livable condition?			□Yes (Livable) □No (Not Livable)													
Car	Car Model:		e Numb								•	you have an  ts with you?   Yes (Type:)  No *List pets in the Pet Registry.							
Color: Parking Location:    Manner/Location of   Shelter (Multiple AnswersPossi   Doutdoor Tent (Location)						IAt Home □Inside of Car													
May we confirm your safet whereabouts to inquiring re May we put information about well-being on public municipal			r	□Yes □No				mem	Check Yes or No only after obtaining the agreement of all family embers. Those who do not wish to publicize their information due to domestic violence etc. must report this.										
						Special Circumstances (Add detail						details	abou	about checked items below)					
	Name				Z [	Care Required  Expectant &	Disabilities						Me						
			Sex	Sex Age	New Mothers		Required		Phy	/sica	I	Mental	Intellectual	Developmental	Other	Allergies	Medications	Other	
	Household Representative		□M □F	yrs.		]		□External □Inte											
Details			□M □F	yrs.		]		□External □Inte											
Family Detai			□M □F	yrs.		]			□External □Inter □Visual □Audi										
			□M □F	yrs.		]			temal □ sual □										
			□M □F	yrs.		]			temal 🗆 sual 🗆										
			□M □F	yrs.		]		□Ex □Vis	ternal □ sual □	□Interna □Audito									
	For Checked Items  Detailed Information																		
	Ways You Can Contribute to Evacuation Shelter Operations (Qualifications/Licenses/Skills)																		
Fill in at Ti Departure Date				year) /	(month)	/	(date)				Contact	t Info							
me of D	ep Post-Depa	rture A	<u> </u>	to/do		. ,	,	-shi/-ku											
arture	ddres	ss		fu/-ke	n	-cho,-machi/-mura,-son													

fu/-ken

-cho,-machi/-mura,-son

#### Date completed/記入日:

# Health Status Checklist (example)

健康状態チェックカード (例)

Please answer the following questions about your physical health today and hand this form in to the front desk.

当日の体調を記入し、受付に渡してください。

# Name/氏名:

### ◆About your physical health/体調について

・Do you have a fever?	Yes / No
発熱はありますか	はい・いいえ
・Do you have difficulty breathing?	Yes / No
息苦しさがありますか	はい・いいえ
・Have you lost your sense of taste or smell? 味や匂いを感じられない状態ですか	Yes / No はい・いいえ
・Do you have a cough or phlegm?	Yes / No
咳やたんがありますか	はい・いいえ
・Do you feel general fatigue?	Yes / No
全身倦怠感がありますか	はい・いいえ
・Are you vomiting or feeling nauseated?	Yes / No
嘔吐や吐き気がありますか	はい・いいえ
・Do you have repeated diarrhea?	Yes / No
下痢が続いていますか	はい・いいえ

#### Health Status Checklist (example)体調チェック表 (例)

	Other information ※その他 記入事項
Name/氏名:	

		/	/	/	/	/	/	/
		(Mon./月)	(Tues./火)	(Wed./水)	(Thurs./木)	(Fri./金)	(Sat./土)	(Sun./日)
Morning/朝					°C	°C	°C	°C
Body temperature/体温 Noon/国			°C	°C	°C	°C	°C	°C
	Evening/	友 °C	°C	°C	°C	°C	°C	°C
	★Select "yes" if any of the following apply:  -つでも該当あれば「はい」を選択							
	★Breathing heavily (more frequently) 息が荒くなった(呼吸数が多くなった)							
	★Sudden shortness of breath 急に息苦しくなった							
Difficulty breathing [息苦しさ]	★Breathlessness upon moving even a little 少し動くと息があがる	Yes / No						
	★Chest pain 胸の痛みがある							
	★Can't lie down or can't breathe unless sitting 横になれない・座らないと息ができない							
	★Wheezing, or shoulders move a lot when breathing 肩で息をしている・ゼーゼーしている							
Sense of taste and smell [味覚・嗅覚]	No sense of taste or smell 味や匂いを感じられない	Yes / No はい・いいえ	Yes / No	Yes / No はい・いいえ	Yes / No	Yes / No	Yes / No はい・いいえ	Yes / No
Phlegm/cough	Cough or phlegm getting worse	Yes / No						
- [喀痰・咳嗽]	咳やたんが、ひどくなっている	はい・いいえ						
General fatigue	Struggling to stay awake	Yes / No						
[全身倦怠感]	起きているのがつらい	はい・いいえ						
Nausea/vomiting [嘔気・嘔吐]	Repeated vomiting or continuous nausea	Yes / No						
	嘔吐や吐き気が続いている	はい・いいえ						
Diarrhea	Repeated diarrhea (3 times a day or more)	Yes / No						
[下 痢]	下痢が続いている(1日3回以上の下痢)	はい・いいえ						
	Other symptoms/その他の症状	Yes / No						
	Not eating/食事が食べられない	はい・いいえ						
	No urine for half a day or more/半日以上尿が出ていない Runny nose/blocked nose, sore throat /鼻水・鼻づまり、のどの痛み	(Please describe specific symptoms)						
	Runny hose/blocked hose, sore throat /典水・乗づまり、のとの締み Red eyes (conjunctival injection), headache, Joint and muscle pain, convulsions	(具体の症状)						
	/結膜充血、頭痛、関節筋肉痛、けいれん							
	Any other symptoms of concern/その他の気になる症状							

# Please cooperate with

# Infection Prevention Measures!

## To protect others

- Wear a mask whenever possible. Always wear a mask if you have a fever, feel unwell, or if you have come into contact with infected person.
- Wash and disinfect hands thoroughly after touching surfaces touched by many people such as doorknobs.
- Take your body temperature and check your physical health every day.
  - > Do this 3 times a day (morning, noon, and evening).
  - > Report to the Health Team if you have a fever or are feeling unwell.
  - Do not eat anywhere apart from your living space.

# Requests for cooperation regarding operation of the <u>evacuation shelter</u>

- Ventilate regularly.
  - > Open windows fully for several minutes at least once every 30 minutes.
- Disinfect surfaces such as doorknobs regularly, and thoroughly clean toilets every day.
- > Wipe surfaces with chlorinated bleach for household use and then with a cloth dampened with water.
  - Avoid using bare hands to give items or meals to others.
  - Garbage bags should be tied and disposed of as a family unit.