

# Application Form for Saliva PCR Test for Oversea Travelers

**Please fax this form to 03-5708-8012**

Appointment Date:                      Year                      Month                      Date

Appointment Time:                      :                      am/pm

<u>Name:</u>	<u>Sex: Male / Female</u>
--------------	---------------------------

Date of Birth:                      Year                      Month                      Date

Printed Name (Write in Roman alphabets and the same spelling as shown in your passport):

Passport Number:

Nationality:  Destination (Country Name):

Phone Number:  
(Please put your own phone number which we can reach you in transit.)

Emergency Contact Number other than you:  
Name:                      (Relation:                      ), Phone No.:  
(In case we cannot reach you, we may contact the person above.)

Name of Workplace:                      Phone No.:

We shall handle and keep the personal information thoroughly confidential, and shall not disclose or divulge it to any third party.

## Questionnaire

(Please put a checkmark on Yes or No in the bold-framed area)

			Hospital Use Only
①	Have you ever had a fever of over 37.5 °C in the past 14 days?	Yes / No	
②	At present, do you have weariness, cough, phlegm, sore throat, runny nose, headache, difficulty breathing, and/or sore muscle?	Yes / No	
③	At present, do you have any problems of the sense of taste and smell?	Yes / No	
④	Have you traveled abroad in the past 14 days?	Yes / No	
⑤	Have you had close contact with Covid-19 cases in the past 14 days?	Yes / No	
⑥	Have you tested positive for Covid-19 in the past 14 days?	Yes / No	

Toho University Haneda Airport Terminal 3 Clinic  
PCR Center for Travelers