Request for examination at the fever clinic (COVID-19)

□Yes, はい □No, いいえ

To be eligible for the RT-PCR test for Covid-19 it is necessary to make an appointment for an examination of the Nanko Hospital Fever Clinic. A request for an appointment is made by e-mail. We will call you to confirm the appointment. This document describes the information you should send us to make your wait time as short as possible.

It is very important to make an appointment in advance, by e-mail.
The operation times of the Fever Clinic are:
[time of examination] Mon-Fri : AM 9:30-12:30 PM4:00-7:00
Sat : AM 9:30-12:30

[Fever Clinic: How to make an appointment]
Please send the following information in your e-mail:
Request the date and time of your examination.
Day:
Time: ~
Name:
Address:
Phone number:
◆Please attach an image of your medical insurance card. 保険証のカードを添えてください。
◆Please include the answers to the following questions. 次の質問に回答をしてください。
Company or School address:(会社 or 学校住所)
Company or School name: (会社 or 学校名)
**Please select all applicable answer.
【1】What kind of symptoms do you have? どのような症状がありますか?
□咳 Cough □熱 Fever (°C) □ 痰 spitum □咽疼痛 sore throat □下痢 diarrtea
□関節痛 Arthralgia (Joint Pain) □倦怠感 Malaise (Tiredness) □その他 Other(
【2】Is there an abnormality in taste or smell? 味覚や嗅覚に対する障害がありますか?

)

【3】When did your symptoms start? その症状はいつからありますか?
□ 1 ~2 hours 1~2 時間 □3~6hours 3~6 時間 □12hours 12 時間 □1day ago 1 日前
□2~3days ago 2~3 日前 □1weeks ago 1 週間前 □ 1 month ago 1 か月前
□other その他()
1:Are the symptoms worsening? その症状は悪化していますか?
□Yes はい □ subsided a little 少しおさまっている□ No いいえ
2 : Could you tell us about your behavior and environment 10 days before the symptoms
その症状が始まる前の 10 日間に、感染するような行動や環境にありましたか?
□a gathering of many people 多くの人が集まるところ □restaurant 外食
□karaoke カラオケ□Dental 歯科受診 □Hospital 病院受診 □visit a hospital お見舞い
□go to travel 旅行へいった □ use of bus or train or taxi 交通機関を利用
□other その他()
【4】Could you tell us what you're most worried about?あなたが最も心配していることを教えてください。
□Infected 感染していないか □ my family infected 家族が感染してないか
□go to work 仕事をしていいか □other その他()
【5】Do you have any requests for testing or treatment?検査や治療についての具体的な希望はありますか?
□PCR test PCR 検査 □a Blood test 血液検査 □ X-ray レントゲン検査
□CT scan CT 検査 □other その他()
【6】Are you currently undergoing treatment for any diseases? あなたは他の病気で治療していますか?
□stomach and intestinal disorder 胃腸の病気 □liver disease 肝臓の病気
□respiratory system disease 呼吸器疾患□Circulatory disease 心臟疾患
□kidney disease 腎臓疾患□Brain/neurological disease 脳・神経系の病気
□Thyroid gland disease 甲状腺の病気 □tuberculosis 結核□diabetes 糖尿病
□ asthma 喘息 □hypertension 高血圧症□gynecological disease 婦人科の病気
□Bone or muscle disease 整形外科疾患□other その他()
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【7】 Questions about medicine お薬について質問です。
1: Are you currently on any medication? 現在飲んでいる薬はありますか?
□Yes はい □No いいえ
2:For those who selected "Yes" in the previous question,質問ではいと答えた方に質問です。
What medication are you currently taking? どんな薬を飲んでいますか?
□antipyretic 解熱剤 □cold medicine 風邪薬 □cough medicine 咳止め
□hypertension medicine 血圧の薬□stomach medicine 胃薬 □heart medicine 心臓薬
□liver medicine 肝臓薬 □kidney disease 腎臓薬 □その他()
3:Are you allergic to any medication and Alcohol? あなたはお薬やアルコールのアレルギーはありますか?
□Yes はい □No いいえ
*Do you have any drugs regularly? If you have Medicine notebook, please show us.
(※どこかかかりつけ医がありますか?もし、お薬手帳があれば提示してください。)

【8】 Do you smoke? タバコは吸っていますか?
□Yes はい □No いいえ
【9】 What kind of work? (how many people do you contact?) どのような仕事をしていますか? □office worker 会社員(business 業種:) □health care worker 医療従事者 □caregiver 介護従事者 □Retail Trade 小売業(接客など)□restrant 飲食店 □school student (□Elementary school 小学校 □junior High school 中学 □High school 高校 □Professional student 専門 university student 大学生) □housewife/house husband 主婦/主夫□ self-employed 自営業 □Freelance 自由業 □Unemployed 無職 □other その他(
[1 0] Have you been traveling abroad or interacting with many people?
最近海外や海外の人と接する機会がありましたか?
□Yes はい □No いいえ
【11】Do you have any family members living with you? 同居しているご家族がいますか? Are your family members healthy? 関わった家族様はお元気ですか? □Yes はい □No いいえ □other その他()
【12】Did you call the public health center's consultation? 電話や保健所の相談センターなどで相談されましたか?
□Yes はい □No いいえ
【13】Why did you choose this hospital? 当院を選んだ経緯を教えてください。
□普段から通院している□紹介された□ホームページを見た□インターネットで検索した□other その他(
Send your email to the following address: hoken@nankohp-group.jp
This address is to request appointments for outpatients with fever, documents and insurance only.
Due to the volume of messages received we cannot respond to any other e-mails.
[E-mail reception hours]
9:00-17:00
*If we receive your e-mail after17:00, we will get in touch with you the next day.
After the reception of your e-mail, we will call you to confirm your appointment.
An appointment is NOT confirmed until it has been confirmed by phone.

You can shorter the waiting time by sending completes respnses to the above question when you e-mail.

Once the examination is conducted, the results of the PCR test will be conveyed after two days. If you get a positive result, contact the Public Health Centre, and then ask them to contact you.

[Cost of PCR inspection]

Only those who have shown symptoms and signs of COVID-19 are covered by medical insurance. If you have no symptoms and need to be tested for a trip or for work, it is at your own expense.

Examination inspection price: ¥ 27360 +tax

Negative certificate: ¥ 3000 +tax (Inspection results sheet is Free)