

【様式2】 To the Mayor

# Evacuee Card

Evacuation Shelter Name		Registry Number											
Date Recorded		(year) / (month) / (date)											
Furigana		Cell Phone Number (or Landline if no Cell Phone)											
Household Representative's Name		( ) —											
Address on Certificate of Residence		Gifu-ken -shi -cho -mura											
Type of Home	<input type="checkbox"/> Owned Home <input type="checkbox"/> Rented Home <input type="checkbox"/> Other ( )	Home Condition	<input type="checkbox"/> Totally Destroyed <input type="checkbox"/> Half Destroyed <input type="checkbox"/> Partially Destroyed/Damaged <input type="checkbox"/> Flooding Above Floor <input type="checkbox"/> Flooding Below Floor <input type="checkbox"/> Water Outage <input type="checkbox"/> Electrical Outage <input type="checkbox"/> Gas Outage										
Home	<input type="checkbox"/> Other ( )	Is your home in livable condition?	<input type="checkbox"/> Yes (Livable) <input type="checkbox"/> No (Not Livable)										
Car	Car Model:	Plate Number:	Do you have any pets with you? <input type="checkbox"/> Yes (Type: _____) <input type="checkbox"/> No *List pets in the Pet Registry.										
	Color:	Parking Location:											
Manner/Location of Shelter (Multiple Answers Possible)		<input type="checkbox"/> Evacuation Shelter <input type="checkbox"/> At Home <input type="checkbox"/> Inside of Car <input type="checkbox"/> Outdoor Tent (Location: ) <input type="checkbox"/> Other ( )											
May we confirm your safety/ whereabouts to inquiring relatives?*		<input type="checkbox"/> Yes <input type="checkbox"/> No											
May we put information about your well-being on public municipal websites?*		<input type="checkbox"/> Yes <input type="checkbox"/> No											
*Check Yes or No only after obtaining the agreement of all family members. Those who do not wish to publicize their information due to domestic violence etc. must report this.													
Family Details	Special Circumstances (Add details about checked items below)												
	Name	Sex	Age	New Mothers	Expectant & Care Required	Disabilities					Allergies	Medications	Other
						Physical	Mental	Intellectual	Deaf/Blind	Other			
	Household Representative	<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> F	yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Visual <input type="checkbox"/> Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Checked Items Detailed Information													
Ways You Can Contribute to Evacuation Shelter Operations (Qualifications/Licenses/Skills)													
Fill in at Time of Departure	Departure Date	(year) / (month) / (date)		Contact Info									
	Post-Departure Address	to/do fu/ken		-shi/-ku -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:

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

• Do you have a fever? 発熱はありますか	Yes / No はい・いいえ
• Do you have difficulty breathing? 息苦しさがありますか	Yes / No 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? 咳やたんがありますか	Yes / No はい・いいえ
• Do you feel general fatigue? 全身倦怠感がありますか	Yes / No はい・いいえ
• Are you vomiting or feeling nauseated? 嘔吐や吐き気がありますか	Yes / No はい・いいえ
• Do you have repeated diarrhea? 下痢が続いていますか	Yes / No はい・いいえ



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 evacuation shelter

- 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.