**病院見学・病院実習・インターンシップに参加する皆さまへ**

当院では現在、病院見学等に参加する方へ健康チェック、行動履歴及びワクチン接種の記入をお願いしております。見学等開始２週間前から、下記のシートへ記入し**来院初日に提出してください（用紙提出がないと見学等は受けられません）。**37.5℃を超える熱、各症状が出現した場合、事前に担当者に申し出てください。

所属名　　　　　　　　　　　　　　　　　　　　名前

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **◎見学等2週間前からの健康セルフチェック**（有の場合、〇をつけてください）

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **日にち** | **体温** | **咳** | **鼻汁** | **咽頭痛** | **倦怠感** | **味覚障害等** | **その他症状¹** | **受診（検査）²** |
| / | ， 　℃ |  |  |  |  |  |  |  |
| / | ，　 ℃ |  |  |  |  |  |  |  |
| / | ， 　℃ |  |  |  |  |  |  |  |
| / | ， 　℃ |  |  |  |  |  |  |  |
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**1その他とは、いつもと違う症状（例：頭痛、倦怠感、嘔吐、下痢等）記載する****2受診（検査）日　　　　月　　　日　診断名　　　　　　　　　検査　　実施未　　陰性　　陽性**（〇をつけてください）**◎行動歴**

|  |  |  |
| --- | --- | --- |
| **該当〇** | **日にち** |  |
|  | / | COVID-19 陽性者との濃厚接触歴があった |
|  |  | 見学開始日前日より遡って 14 日間以内に、食事会や懇親会への参加、繁華街・カラオケなど、人と密に会話するような飲食店・施設に立ち入ったことがある |
|  | / | 見学開始日前日より遡って4週間以内の海外渡航歴ある場合 |

**◎新型コロナワクチン接種状況**（〇をつけてください。接種済の場合、最新の接種回数と接種日を記入してください。）

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| **接種済**　　接種回数　　　　回目　（　　/　　） | **未接種** |

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**※見学等終了後、１０日以内に新型コロナウイルス感染症を発症した場合は、担当者まで速やかに報告してください。**【担当：南相馬市立総合病院事務部総務課　電話　0244-26-7541】