

day month year

ID no.

COVID-19 Antibody Test Questionnaire

フリガナ		Date	day _____ month _____ year _____
Name		of	
Gender	male female	birth	Age ()
Tel.		e-mail	Your PC e-mail address _____ @ _____
Address	〒 _____		
Occupation			
Body temperature _____ °C			

<p>◆ Please choose which type of test you wish to receive.</p>	<p>Rapid test (Tests whether or not you have antibody)</p>	<p>Precise test (Measures your antibody level)</p>
<p>◆ Have you received the COVID-19 vaccination?</p>	<p>yes no</p>	<p>1st dose only</p>
<p>If yes, or 1st dose only: 1st dose: day _____ month _____ yr. _____. 2nd dose: day _____ month _____ yr. _____. </p>		
<p>◆ In the past, have you ever been infected by COVID-19?</p>	<p>yes no</p>	
<p>If yes: Test date: day _____ month _____ yr. _____. Date cured: day _____ month _____ yr. _____. </p>		
<p>◆ In the past, have you had any coughs that suspected COVID-19?</p>	<p>yes no</p>	
<p>◆ In the past, have you had fever that suspected COVID-19?</p>	<p>yes no</p>	
<p>◆ In the past, have you experienced any abnormality in your sense of taste?</p>	<p>yes no</p>	
<p>◆ In the past, have you experienced any abnormality in your sense of smell?</p>	<p>yes no</p>	
<p>◆ In the past, have you had pain or tightness in your chest?</p>	<p>yes no</p>	
<p>◆ Have you traveled abroad within 6 months?</p>	<p>yes no</p>	
<p>If yes, which country did you go to, for how long? Name of country: _____ Period: _____</p>		
<p>◆ In the past, have you received a PCR test because you were suspected of having COVID-19? (If yes, please circle if it was positive or negative.)</p>	<p>yes no</p>	
<p style="text-align: center;">positive negative (day _____ month _____)</p>		
<p>◆ Have you had contact with a patient with COVID-19 or a person suspected of having COVID-19? (If yes, when did you have contact with what kind of person?)</p>	<p>yes no</p>	
<p>When _____ Relationship _____</p>		
<p>◆ Do you need a certificate (in Japanese) of the result? (fee ¥ 1000)</p>	<p>yes no</p>	<p>decide after test</p>
<p>◆ Those who need documents in English (fee ¥ 2700) : Name (_____) Passport no. (_____)</p>		

Those who need documents in English, please write your name as printed in your passport.

* 医療機関記入欄

IgM () 接種後 シーメンス
 IgG () 罹患後 アボット