

To those who will be admitted to Kyoto University Hospital (Self-restraint and cases where admission is refused)

Last updated on November 7, 2022

1. Request for self-restraint in behavior

In order to prevent the spread of COVID-19, we ask that you avoid the 3Cs (Closed spaces, Crowded places, Close-contact settings) and **avoid contact with anyone other than your co-residents without a surgical mask, including the other person, for 10 days prior to admission. The same applies to fully vaccinated patients.**

< **For 10 days prior to admission, avoid following activities that may allow you to take off your mask** >
[Activities doing by yourself or with someone living with you]

e.g.) Sports/athletic facilities, bathing facilities, spas/hot springs etc.

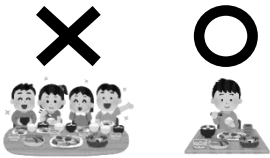
[Activities doing with someone who is not living with you (separated family members, relatives, friends, etc.)]

e.g.) Eating, travel, karaoke, sports/athletic facilities, bathing facilities, spas/hot springs etc.

*Students and employees living in dormitories are asked to avoid taking off their masks and interacting with others, except for eating quietly in the cafeteria.

*There are no restrictions on activities in day services and other senior citizen facilities, as long as infection control measures are taken.

*Short daily shopping trips, hospital visits, outdoor walks in less dense areas, school or work, etc. are allowed.



• Please refrain from a homecoming visit or welcoming family member from other prefectures.

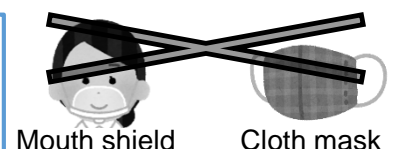
• Even relatives who live nearby are asked to wear masks during conversations and eat separately from 10 days before hospitalization.

2. Cases where hospitalization is refused (or postponement of surgery, treatment, or test)

If you or your co-residents has any of the following conditions, **please contact the ward where you are scheduled to be admitted at least 1 day before the day of admission.** (If you come to the hospital on the day of admission with following cases, you may be refused admission.) Your cooperation would be highly appreciated.

- ◆ The patient or anyone living with the patient had any of the following symptoms in the 10 days prior to admission
 - Fever (37.5°C or higher)
 - Newly developed cold-like symptoms (nasal discharge, sore throat, cough, etc.)
 - New symptoms of loss of taste or smell
- ◆ The patient or a person living with the patient is (or was) infected with COVID-19 or has (or had) been in close contact with someone infected with COVID-19 before hospitalization.
If “yes”, when was that? _____ / _____ / _____ (YYYY/MM/DD)
- ◆ The patient had conversations with an unspecified number of unmasked people before hospitalization.
- ◆ Self-isolation as described in 1. above was not possible.

To protect yourself during your hospitalization, you will be asked to wear a safer surgical **mask (disposable mask)**, so please be prepared.



To those who will be admitted to Kyoto University Hospital

To prevent nosocomial spread of COVID-19, avoid contact with persons other than your co-residents without a surgical mask from 10 days prior to hospitalization. The same applies after vaccination.

Please answer the following questions on the day before admission and submit this questionnaire to the Admission and Discharge Office on the day of admission.

By the day of admission, was the patient or anyone living with the patient infected with COVID-19 or a close contact of someone who has tested positive for COVID-19? (Yes / No)
If "yes", when was that? _____ / _____ / _____ (YYYY/MM/DD)

During the period from the day of admission to 10 days before, please tick all of the following activities/behaviors that you did.

- | | |
|--|--|
| <input type="checkbox"/> Go to sports/athletic facilities | <input type="checkbox"/> Serve an unspecified number of people who are not wearing masks |
| <input type="checkbox"/> Go to spas/hot springs | <input type="checkbox"/> Other activities that involve closed spaces, crowded places, and close contact (e.g.: Had a conversation with an unspecified number of people who were not wearing masks) |
| <input type="checkbox"/> Dining/trip with non-family members living together | |
| <input type="checkbox"/> Karaoke with 2 people or more | |
| <input type="checkbox"/> Travel internationally | |

* I have forgotten to wear a surgical mask while doing the following activities.

- | | |
|---|--|
| <input type="checkbox"/> Pachinko (Japan's pinball), game centers | |
| <input type="checkbox"/> Concerts, theatrical performances, watching movies at movie theaters | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Watching sports | |
| <input type="checkbox"/> Go to wedding/funeral | |
| <input type="checkbox"/> Civic circles | |

From 10 days before admission to the day of admission, did you or anyone living with you have any of the following symptoms? (Yes / No)

If you answered yes, please circle all that apply.

1. Fever (37.5°C or higher)
2. Newly developed cold-like symptoms (nasal discharge, sore throat, cough, etc.)
3. New symptoms of loss of taste or smell
4. I have any of the following symptoms due to medical treatment or chronic illness.

Have you received a COVID-19 vaccination? (Yes / No)

(If Yes, → Date of first dose _____ / _____ Date of second dose _____ / _____ mm/dd
Date of third dose _____ / _____ mm/dd)

Date: (yyyy/mm/dd)

Patient ID Number:

Patient Name:

(Representative)

トリアージ
確認済
チェック欄

**Body temperature on the
day of hospitalization**

°C