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Insurance Type ○○ No.
Year / Month / Day

Attn: _____

Director of ○○ Public Health Center, Aichi Prefecture

Extension of the Hospitalization Period (Notice)

As of Year / Month / Day , this is to advise of your admission to hospital in accordance with clause 4, article 20 (applied to article 26 item 2) of the prevention of infectious diseases and the treatment of patients with infectious diseases law (hereinafter the law).

1 Medical Institution to be hospitalized

(1) Name of medical institution

(2) Location

2 Period to be hospitalized:

From Year / Month / Day to Year / Month / Day

3 Reason for extension of hospital admittance

(1) To prevent the spread of tuberculosis.

(2) Tuberculosis symptoms have been found.

4 Others

It is possible to request to be discharged from the hospital in accordance with the requirement of the article 22 item 3 (apply article 26 mutatis mutandis) , and as a result, if it is confirmed that you do not carry the pathogen of the concerned infectious disease, or if the absence of the symptoms of the concerned infectious disease is confirmed, in accordance with the requirement of article 22 item 1 (apply article 26 mutatis mutandis), the hospitalization will end.

In accordance with article 24, item 2.1 of the law you are entitled to lodge written or verbal complaints about your treatment while admitted to hospital.

Section in charge: Kenko Shien ka