

様式5

区画番号:	取扱注意
受付番号:	

Evacuee Information Form () Evacuation Center

①Date of Entry	/Y /M	⑦Do you have any pets?	<input type="checkbox"/> No <input type="checkbox"/> Yes, but they are missing <input type="checkbox"/> Yes, and wish to be with them during evacuation <small>(Required to fill in the ledger)</small>				
②Head of Household	Nationality	⑧Relative's Contact Information	Name				
③Address			Address				
School District	School District Town		Phone Number				
④Phone Number	() -	⑨Damage to your house	<input type="checkbox"/> Completely destroyed <input type="checkbox"/> Partially destroyed <input type="checkbox"/> Less than partially destroyed <input type="checkbox"/> Other()				
⑤Mobile Phone Number	() -		⑩Evacuation site	<input type="checkbox"/> in the facility () <input type="checkbox"/> in a personal car (within the premises of the evacuation center) <input type="checkbox"/> in a personal tent (within the premises of the evacuation center) <input type="checkbox"/> Other()			
⑥Vehicle Type・Color・License Number		⑪Reasons for Staying at the Evacuation Center <input type="checkbox"/> No access to utilities <input type="checkbox"/> Fear of aftershocks <input type="checkbox"/> House damage (Completely destroyed/Mostly destroyed/Partially destroyed/Less than partially destroyed) <input type="checkbox"/> Unable to remove debris from house <input type="checkbox"/> Unable to secure necessary supplies <input type="checkbox"/> Other ()					
⑫Family information			⑬Request for special considerations (e.g. injury, sickness, disability, allergies, pregnancy)				
	Name	Date of Birth	Age	Gender	Relationship with head of		⑭Any skills or specialties that you can provide at the evacuation center
Head of Household		(YY/DD/MM)		F M			
Family Members		(YY/DD/MM)		F M			
		(YY/DD/MM)		F M			
		(YY/DD/MM)		F M			
		(YY/DD/MM)		F M			
		(YY/DD/MM)		F M			
		(YY/DD/MM)		F M			
Is it all right if the staff responds to the confirmation of your safety when someone asks about it?						Yes	No
Please describe if you have any other special requests.							
Date when you leave the evacuation center				New destination			

The information you have provided in this form will be shared with the Disaster Countermeasures Office in order to distribute food and supplies and provide health-related support, but will not be used for any other purposes.