

Please fill in all of the items in the bold red

区画番号:	取扱注意
受付番号:	

Sample

Evacuee Information Form () Evacuation Center

①Date of Entry	2020 /Y 8 /M 26	⑦Do you have any pets?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, but they are missing <input type="checkbox"/> Yes, and wish to be with them during evacuation (Required to fill in the ledger)
②Head of Household	ABURAYA Kumahachi	Nationality Malaysia	Relative's Contact Information Name KAMEI Tamae
③Address	〒 874-8511 1-15 Kaminoguchi-cho	School District Sakaigawa School Ishigaki	Address 〒 874-8511 1-15 Kaminoguchi-cho
④Phone Number	(0977) 12 - 3456	⑧Damage to your house	Phone Number (090) 1234 - 5678
⑤Mobile Phone Number	(090) 1234 - 5678	⑨Evacuation site	<input type="checkbox"/> Completely destroyed <input type="checkbox"/> Partially destroyed <input type="checkbox"/> Less than partially destroyed <input checked="" type="checkbox"/> Other () <input checked="" 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	Delica (Silver) 大分 123 あ 45-67	⑩Reasons for Staying at the Evacuation Center	
		<input checked="" 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)	⑭Any skills or specialties that you can provide at the evacuation center
Name	Date of Birth	Age	Gender	Relationship with head of household		
Head of Household ABURAYA Kumahachi	(YY/DD/MM) 1955/8/29	64	<input checked="" type="radio"/> M <input type="radio"/> F	the person himself	Have high blood pressure and bad knees.	
Family Members	(YY/DD/MM) 1956/8/30	64	<input type="radio"/> M <input checked="" type="radio"/> F	Wife		
	(YY/DD/MM)		<input type="radio"/> M <input type="radio"/> F			
	(YY/DD/MM)		<input type="radio"/> M <input type="radio"/> F			
	(YY/DD/MM)		<input type="radio"/> M <input type="radio"/> F			
	(YY/DD/MM)		<input type="radio"/> M <input type="radio"/> F			

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	
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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.