Emergency contact information form

Preventing COVID-19 and stopping its spread, please fill out this form in English.

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| --- | --- |
| Date and time |  |
| Name of representative |  | |
| Contact of representative | （e-mail address or phone number） | |
| Number of people |  | |

The above information is used only in the following case.

1. The Public Health Center in Sapporo requests us the information.
2. You may have close contact with a COVID-19 patient.

This form is disposed after a certain period of time.

We appreciate your cooperation.