

Certificate for COVID-19 Medical Care at Recovery Accommodation Facilities

Name of Applicant: _____

Contact No.: _____ - _____ - _____

I hereby apply for the issuance of a Certificate for Medical Care at Recovery Accommodation Facilities.

Name of Recovery Accommodation Facility Occupant	
Date of Birth	_____/_____/_____
Address	Zip Code:
Name of Recovery Accommodation Facility	
Period of Recovery Accommodation Facility Occupancy	_____/_____ to _____/_____
Period During Which Neutralizing Antibody Medication Administered	_____/_____ to _____/_____
Number of Copies Required	_____ Copies (Other Insurance Company Forms, etc.: Copies)

<Addressee/Inquiries>
 4-1-1 Kyomachi, Otsu City 520-8577
 Shiga Prefecture Health and Welfare Department,
 Infection Control Section
 Tel: 077-528-3582 (08:00 to 17:15 on weekdays)
 E-mail: coronataisaku5@pref.shiga.lg.jp

Sample

Certificate for COVID-19 Medical Care at Recovery Accommodation
Facilities

Name of Applicant: Taro Shiga

Contact No.: 090-1234-5678

I hereby apply for the issuance of a Certificate for Medical Care at Recovery Accommodation
Facilities.

Name of Recovery Accommodation Facility Occupant	Taro Shiga
Date of Birth	January/01/1990
Address	Zip Code: 520-8577 4-1-1 Kyomachi, Otsu City
Name of Recovery Accommodation Facility	* Enter the name of the hotel in which you recovered
Period of Recovery Accommodation Facility Occupancy	January / 01 to January / 10
Period During Which Neutralizing Antibody Medication Administered*	January / 02 to January / 04
Number of Copies Required	<u>3</u> Copies (Other Insurance Company Forms, etc.: Copies)

* Write down the details if you were administered neutralizing antibody medication. If your condition deteriorated after being administered neutralizing antibody medication and you did not return to the hotel, the period of occupancy at a recovery accommodation facility will be up until the date you were hospitalized.

Single-Day Visit: Write down the actual date (Example: January 01 to January 01)

Temporary Hospitalization: Write down the period of hospitalization (Example: January 02 to January 04)

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