

避-1-1 Evacuation site user's registration sheet			Evacuation site name		Receipt number	
Fill-in date	year/ month / day/		Name of fill-in person			
Name	Date of Birth (Age)		Gender	Contact (telephone number)	Agree/Disagree	Physical condition
	世帯主	Householder				
一 家 族	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	
	Family member	/ / / age()	() -	Agree - Disagree	Good - Poor	

Please describe something special to be cared, if any.

Please describe your symptom(s), if your physical condition is poor.

※ This registration sheet is a simplified version to identify evacuation site user immediately when an evacuation site becomes disordered because many evacuees have rushed into there immediately after disasters.

※ Please fill your information into another document (form[避-1-2]) when the number of evacuees who come to your evacuation site have become adaptable.