

遊-1-2

Evacuation site user's registration sheet

Evacuation site name	
Receipt number	

«Official (receptionist) use only »

Fill-in date Fill-in date	year/ month / day/	Name of fill-in person		Accommodation place and staying place	<input type="checkbox"/> Evacuation site Place <input type="checkbox"/> tent(I hope it set up within evacuation site.) <input type="checkbox"/> Car (I hope it parked within evacuation site.)	
Address	〒 —	Group (Kumi) name of your neighborhood association (Chonakai)			Group (Kumi) name of your neighborhood association (Chonakai)	
Telephone number	() —	Damaged condition of your house <input type="checkbox"/> My house was collapsed or washed away. (I have no place to live in.) <input type="checkbox"/> My house is heavily damaged. (It's difficult to live in.) <input type="checkbox"/> Others (Please confirm if you have a power outage, water outage, foul smell, fence collapse, etc.)	Place you hope to stay in <input type="checkbox"/> Evacuation site <input type="checkbox"/> Tent (I hope it set up within evacuationsite.) <input type="checkbox"/> Car (I hope it parked within evacuationsite.) <input type="checkbox"/> Other places than evacuation sites (my house and etc.)	Other notes	●After you transferred from or left an evacuation site Fill in "Leave notification (Taisho todoke)" after receiving it and file it together with this sheet in a folder.	
cell phone number	() —					
Fax	() —					
Mail						
Other Contacts (Relatives etc.)	〒 — () —					

The name(s) of person(s) who will use evacuation site (Also fill in the name(s) of person(s) who will stay in some places other than evacuation site.)

Personal Situation														
Name	Date of birth (Age)	Gender	Disease or injury	Pregnant or nursing woman	Infant	Disabled (Physical, Child development, Mental)			Nursing care required	Medical device	Allergy	Something required special care	Something helpful in evacuation sites (skill or license)	Disclosures of address, name, and age
						Body	rehabilitation	spirit						
Householder	/ / age()													I agree - Disagree
Family member(s)	family	/ / age()												I agree - Disagree
	family	/ / age()												I agree - Disagree
	family	/ / age()												I agree - Disagree
	family	/ / age()												I agree - Disagree

Pet	<input type="checkbox"/> Nonpetowner <input type="checkbox"/> Pet owner ⇒ Go to right column.	Pet's category (Pet's quantity)	<input type="checkbox"/> I hope to stay with pet (Fill in pet's owner list) <input type="checkbox"/> Leaving behind <input type="checkbox"/> Missing	Notes	Please fill in information per household (family) and submit it to a reception. The information you filled in will be shared to minimum extent necessary to operate evacuation site including distribution of foods or materials, health care support, and so on. The information is also submitted to Municipal Headquarters for Disaster Control. So, it might also be utilized in "Disaster Victim Ledger (Hisaiha daicho)" made by municipality to support disaster victims.
Owner-driver car (If you park in an evacuation site,)	Car's model, color, and number				