SAMPLE　　　　　　　　　　　　　　**Evacuee Card (Front)**　　　　　　　　　　　　　　【Form-7】

避難者カード（記入例）【英語】

**Date filled out:**　　　YYYY年　MM月　DD日　　**Fill out for each household.**

|  |  |  |
| --- | --- | --- |
| **Evacuation Date/Time** | YYYY/MM/DD at around OO:OO | Shelter group－　No.Group 1－1~6 |
| **Evacuation Site** | Evacuation shelter ・ Home　・　Other　(relative’s house)\*If evacuated to a car, please write parking location. |
| **Residents’ Association** | 　○○○○ Resident’s Association\*If you are not a member, write “未加入” (not a member). |
| **Mark those who are at an evacuation shelter with ○** | **furigana****Full Name** | **Age** | **Sex** | **Relationship to Representative** | **Notes \*Write the number of type of support and things that require particular consideration.** |
| ○ | (Representative)チバ　イチロウChiba Ichiro | ○○ | M・F・Other | Household head |  |
| ○ | チバ　ハルコChiba　Haruko | ○○ | M・F・Other | Wife | 1 |
|  | チバ　ジロウChiba　Jiro | ○○ | M・F・Other | Son (first) |  |
| ○ | チバ　ナツコChiba　Natsuko | ○○ | M・F・Other | Daughter (first) | 6) Allergy (wheat) |
| ○ | チバ　ハナコChiba　Hanako | ○○ | M・F・Other | Mother | 4 |
| **Address** | 〒○○○-○○○○○-○-○ ○○-cho, ○○-ku, Chiba City |
| **Representative’sPhone Number** | ○○○　(　○○○○　)　○○○○ |
| **Evacuated with a pet** | Yes　・　No　　　　　\*If “Yes”, please also fill out the Pet Registration Form. |
| **People who require support****\*If applicable, write respective numbers in “Notes” area.** | 1) Pregnant/nursing　　2) Infant　　3) Disability (　　　　　　　　　　 )4) Needs a caregiver　5) Uses a medical device (　　　　　　　　　　 )6) Allergy (　　　　　　　　) 7) Foreign resident (Nationality:　　　　　　　　　　 )8) Other (　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 ) |

\* “People who require support” refers to people who need special considerations for life at an evacuation shelter due to being pregnant/nursing, having small children, having a disability, etc.

**Evacuee Card (Back)**　　　　　　　　　　　　　　　　【Form-7】

**The back page can be filled out once your situation has stabilized.**

|  |
| --- |
| **Releasing information about your safety (Please circle “Yes” or “No”).** |
| Would you like your information to be shared publicly on the government’s website or media outlets? | Yes ・ No |
| Would you like your information shared with relatives/roommates/friends who inquire about your safety? | Yes ・ No |
| **Damage to Residence?****\*Circle those that apply.** | Yes　・　No \*If “Yes”, describe the extent of the damage below. |
| \*Example:・My home has been damaged and I cannot live in it for the time being・I can return to my residence if I fix up the inside a little |
| No electricity　　　　No water　　　　No gas　　　　No phoneOther (　　　　　　　　　　　　　　) |
| **Information about the injured** |
| Write their name and details about the status of their injury/illness.Ichiro: broke left foot while evacuating |
| **Admitted Location****(transfer location)** | ○○○ Hospital |
| **Admitted Location Information****(transfer address)** | ○○, ○○-cho, ○○-ku, Chiba City |
| **Other Important Information (if anybody with you has certain certifications and are able to help out, please write their name and those details):**　Natsuko: nurse |

＜避難所運営委員会記入欄 To be filled by evacuation shelter staff＞

|  |
| --- |
|  |
| 退所年月日 | ○○年　○月　○○日 |
| 退 所 先 | ○○仮設住宅 | 電話 | ○○○（○○○○）○○○○ |