$\overline{4}$		No
		No Date
Го:	-	
	From: Director of	Public Health Center
	Recommendation for Hospitalization	on
recommend that you be hos of the Act on the Prevention	zation as notified on (year) / (month) / (day) in I pitalized as follows in accordance with the pro- tof Infectious Diseases and Medical Care for Pa he "Act") (applying mutatis mutandis to Article	visions of Article 20, Paragraph 1 atients with Infectious Diseases
=	ecommendation, measures to hospitalize you mee 20, Paragraph 2 of the Act (applying mutatis	
 Medical institution wh Name Location 	nere you will be hospitalized	
2. Deadline for admissio Please be hospitaliz	n ed by <u>(year) / (month) / (day)</u> .	
3. Period of hospitalizati From (year) / (m	on onth) / (day)_to (year) / (month) / (day)	
=	ding hospitalization pread of tuberculosis berculosis are observed	
Paragraph 3 of the Ac you are not carrying to disease have disappea of Article 22, Paragrap	be discharged from the hospital pursuant to at (applying mutatis mutandis to Article 26 of the pathogen of the infectious disease or that the red, the hospitalization will be terminated in acoust 1 of the Act (applying mutatis mutandis to Act to the provisions of Article 24-2, Paragraph	ne Act). If it is confirmed that e symptoms of the infectious ecordance with the provisions article 26 of the Act).
complaint in writing o	or orally about the treatment you receive during	g your hospitalization.
	Contac	ct person: