　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 No.

⑤

　　　　Date \_\_\_\_\_\_\_\_\_\_\_\_\_

To:

　　　　　 From: Director of Public Health Center

Extension of Hospitalization Period (Notification)

Regarding your hospitalization as notified on (year) / (month) / (day) in Document # , your hospitalization period will be extended as follows, in accordance with the provisions of Article 20, Paragraph 4 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (hereinafter referred to as the “Act”) (applying mutatis mutandis to Article 26 and Article 26-2 of the Act).

If you do not follow this recommendation, measures to hospitalize you may be implemented in accordance with the provisions of Article 20, Paragraph 2 of the Act (applying mutatis mutandis to Article 26 and Article 26-2 of the Act).

|  |  |  |
| --- | --- | --- |
|  | Medical institution where you will be hospitalized | |
|  | 1. Name 2. Location | |
|  | Deadline for admission | |
|  | Please be hospitalized by (year) / (month) / (day). | |
| 3.  4. | Period of hospitalization  　From (year) / (month) / (day) to (year) / (month) / (day)  Reason for recommending hospitalization | |
|  | (1) | To prevent the spread of tuberculosis |
|  | (2) | Symptoms of tuberculosis are observed |
|  |  | |
| 5 | Others | |
|  | You may request to be discharged from the hospital pursuant to the provisions of Article 22, Paragraph 3 of the Act (applying mutatis mutandis to Article 26 of the Act). If it is confirmed that you are not carrying the pathogen of the infectious disease or that the symptoms of the infectious disease have disappeared, the hospitalization will be terminated in accordance with the provisions of Article 22, Paragraph 1 of the Act (applying mutatis mutandis to Article 26 of the Act). | |
|  | In addition, pursuant to the provisions of Article 24-2, Paragraph 1 of the Act, you may file a complaint in writing or orally about the treatment you receive during your hospitalization. | |

Contact person: