

VISITORS APPLICATION

THE *HOMOTSUDEN* 宝物殿 OF HEAD TEMPLE TAISEKIJJ

I agree with the followings to cooperate with infection control measures for COVID-19.

I hereby declare that the statements below are correct:

- I affirm that I, my family, or those with whom I have daily contact currently do not have a fever or other cold symptoms, or are not suspected to be infected with COVID-19.
- I affirm that I recently was not exposed to anyone diagnosed with COVID-19 and those who had close contact with confirmed patients.
- I affirm that I will cooperate with infection control measures such as wearing a mask.
- I agree that my personal information will be provided to public institutions when it is required.

Your name

Temple name where you belong

*If you are a Nichiren Shoshu member

Address

Prefecture

Ward/City/Town/Village

Name of traveling companions (if you live in the same address)

※Please fill out one application per one household

Emergency contact number () -

Date _____ (Year)/ _____ (Month)/ _____ (Day) ()

With the exceptions upon request by official institutions, the information above is only used for the purposes of counting the number of visitors and taking preventative measures of the novel coronavirus disease.

VISITORS APPLICATION

THE *HOMOTSUDEN* 宝物殿 OF HEAD TEMPLE TAISEKIJJ

I agree with the followings to cooperate with infection control measures for COVID-19.

I hereby declare that the statements below are correct:

- I affirm that I, my family, or those with whom I have daily contact currently do not have a fever or other cold symptoms, or are not suspected to be infected with COVID-19.
- I affirm that I recently was not exposed to anyone diagnosed with COVID-19 and those who had close contact with confirmed patients.
- I affirm that I will cooperate with infection control measures such as wearing a mask.
- I agree that my personal information will be provided to public institutions when it is required.

Your name

Temple name where you belong

*If you are a Nichiren Shoshu member

Address

Prefecture

Ward/City/Town/Village

Name of traveling companions (if you live in the same address)

※Please fill out one application per one household

Emergency contact number () -

Date _____ (Year)/ _____ (Month)/ _____ (Day) ()

With the exceptions upon request by official institutions, the information above is only used for the purposes of counting the number of visitors and taking preventative measures of the novel coronavirus disease.