

Hospital Tour Application Form

Year Month Day

Complete Name of Participant		
Address		
Phone/FAX number		
E-mail		

※For those applying from a company or group please fill in below.

Name of Organization	
Department	

Please check below according to your request.

- Daily Tours (Every 3rd Wednesday of the month)
- Special Tours

Purpose of tour request (Write in details)

Facility you would like to visit.

Preferred date and time : (Please give a couple of dates and time)

Request of tour length : (The tour is usually limited up to one and a half hour)

Number of Participants: (Fill in the "List of Participants" if you are visiting in a group)

Notes: Please state if a staff of St. Luke's International Hospital has already consent the tour request.

Terms Sheet for Hospital Tour

I agree with the terms below and wish to visit St. Luke's International Hospital

- ① For the privacy of our patients, we require the visitors to refrain from taking any pictures or videos inside the hospital.
- ② Please refrain from changing the number of participants or the date of the tour after the tour is confirmed.
- ③ Please follow the instructions of your guide on the day of your visit.

I agree with the terms above.

Signature/Seal

List of Participants

Example:

No	Profession (Please circle your profession)	Affiliation/Job title	Name
1	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()	St. Luke's International Hospital President	Tsuguya Fukui

Please list all the participants according to the example above.

No	Profession (Please circle your profession)	Affiliation/Job title	Name
1	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
2	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
3	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
4	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
5	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
6	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
7	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
8	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
9	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		
10	Physician/Nurse/Health-care professional/ Pharmacist/Clerical staff/Others ()		