

Statements:

By my signature below, I will agree with the followings,

- I will not take any photographs/recordings of patients during my observation.
- I will wear the given ID card and required coat at all times during the observation.
- I will follow the guidelines of the Center for Global Health and Osaka University Hospital.
- I do not have a cold, fever or communicable disease that would pose a risk to others.

Signature (requested on site)		Date	/ /
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