

Description of symptoms

日本政府観光局資料から抜粋、修正

Please tick the applicable sickness along with the severity of your pain/symptoms and give this sheet to an employee.

(該当する症状および痛みの程度に当てはまるものにチェックを入れて従業員にお渡しください)

	Symptom	severity			Symptom	severity	
		very severe	toler-able			very sevier	toler-able
	I have a headache. (頭が痛い)				I cannot bend my knees. (膝を曲げられない)		
	I have a fever. (熱がある)						
	I feel dizzy. (めまいがする)				I have a nosebleed. (鼻血が出る)		
	I have a pain in my abdomen. (お腹が痛い)				I have difficulty breathing. (息苦しい)		
	I have a stomachache. (胃が痛い)						
	I have diarrhea. (下痢)				My chest hurts. (胸が痛い)		
					I am having chest palpitations. (動悸がする)		
	My eye hurts. (眼が痛い)						
	My eyes are itchy. (目がかゆい)				I have a rash. (発疹がでた)		
	I have a sore throat. (喉が痛い)				I fell down. (ころんだ)		
	I have a cough. (咳が出る)				I cut myself. (切った)		
					I bumped against something. (物にぶつかった)		
	My ear hurts. (耳が痛い)				I burned myself. (やけどをした)		
	My ears are ringing. (耳鳴りがする)						
					My baby won't stop crying. (赤ちゃんが泣き止まない)		
	I have a toothache. (歯が痛い)				My baby threw up. (赤ちゃんが吐いた)		
					My baby has a fever. (赤ちゃんが熱がある)		
	My neck hurts. (首が痛い)				My baby is listless. (赤ちゃんが元気がない)		

● Other symptoms/ Symptoms in more detail ()

● Do you want us to call an ambulance? () Yes () No (救急車を呼びましょうか?)