

患者氏名 :

患者 ID :

# HOSPITAL ADMISSION APPLICATION FORM AND DECLARATION FORM

**Hospital name:** \_\_\_\_\_

**To the Hospital Director:** \_\_\_\_\_

Before being admitted to the hospital, I agree to comply fully with its rules and regulations.

I, the patient, understand that I will be promptly discharged in accordance with the hospital's instructions if I violate any of the rules and regulations, including those described below, or if it is decided that I am disturbing other patients. I declare that I will not cause any trouble in the hospital under any circumstances by signing jointly with the applicant, the guarantor, and the joint guarantor.

### Rules and Regulations

1. Admission charges and all other expenses will be paid by the applicant, the joint guarantor, or myself by the specified due date.
2. My guarantor is completely responsible for my behavior.
3. If I am instructed to leave the hospital, my guarantor will be responsible for making sure that I leave on the specified date.
4. I will provide the hospital with all requested documents and certificates by the specified date.

\*If the patient and applicant are the same person, entries in the Applicant section are not required.

Applicant			
<b>Name</b>		<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth (YYYY/MM/DD)</b>	/ / ( years old)	<b>Relationship</b>	
<b>Address</b>			
<b>Phone No. (Home)</b>		<b>Phone No. (Mobile)</b>	
<b>Place of work</b>		<b>Phone No. (Work)</b>	

**Seal or Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

Patient			
<b>Name</b>		<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth (YYYY/MM/DD)</b>	/ / ( years old)		
<b>Address</b>			
<b>Phone No. (Home)</b>		<b>Phone No. (Mobile)</b>	
<b>Place of work</b>		<b>Phone No. (Work)</b>	

**Seal or Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

患者氏名 :

患者 ID :

Guarantor			
Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (YYYY/MM/DD)	/ / ( years old)	Relationship	
Address			
Phone No. (Home)		Phone No. (Mobile)	
Place of work		Phone No. (Work)	

Seal or Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Joint Guarantor			
Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (YYYY/MM/DD)	/ / ( years old)	Relationship	
Address			
Phone No. (Home)		Phone No. (Mobile)	
Place of work		Phone No. (Work)	

I, the joint guarantor, agree to be jointly responsible for the payment of expenses if all or part of the medical expenses, including admission charges and all other charges, are not paid by the specified due date.

Seal or Signature : \_\_\_\_\_ Date : \_\_\_\_\_

\*Your personal information will be handled in accordance with the regulations of the institution.