Public Health Center, No.

⑤

Date:

To:

From: Director of　 Public Health Center

Regarding extension of your hospitalization period (notification)

Regarding your hospitalization, which you were notified about in another document ( Public Health Center, Number , dated on ), the period of your hospitalization is extended based on the provisions of Article 20 (4) of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (hereinafter referred to as the “Act”) (as applied mutatis mutandis pursuant to provisions of Article 3 of the Cabinet Order Designating the Novel Coronavirus Infection as a Designated Infectious Disease).

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| 1 | Medical institution in which you are to be hospitalized |
|  | 1. Name 2. Location |
| 2 | Extended period of your hospitalization  From (Date) To (Date) |
| 3 | Reasons for recommending hospitalization  (1) To prevent the spread of the infectious disease |
|  | (2) Due to the presence of the symptoms of the infectious disease |
| 4 | Others |
|  | You may request to be discharged from the hospital under the provisions of Article 22 (3) of the Act (as applied mutatis mutandis under Article 26 of the Act), and if it is confirmed that you are not carrying the pathogen of the infectious disease in question or that the symptoms of the infectious disease have disappeared, your hospitalization will be terminated under Article 22 (1) of the Act (as applied mutatis mutandis pursuant to Article 26 of the Act).  You may also file a written or oral complaint about the treatment you received during your hospitalization in accordance with the provisions of Article 24-2 (1) of the Act. |

Contact person：