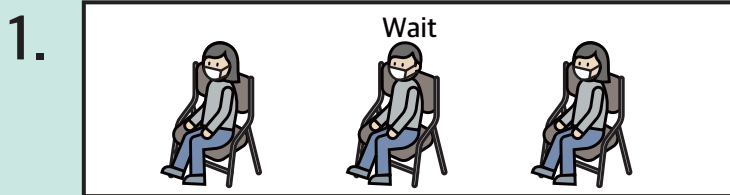
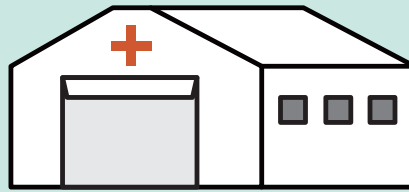
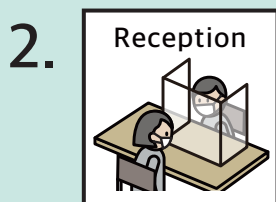


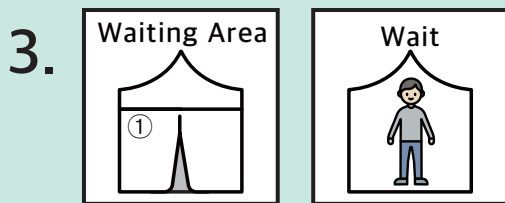
Screening Clinic Guidance



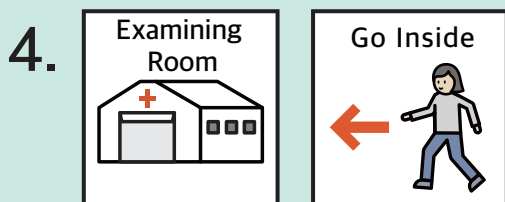
Wait.



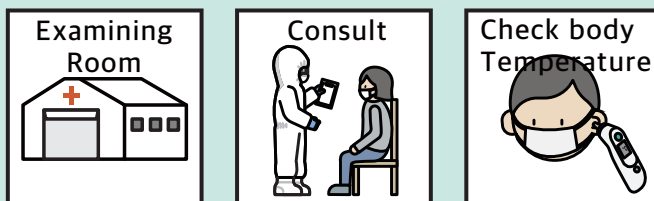
Please go to the reception desk.



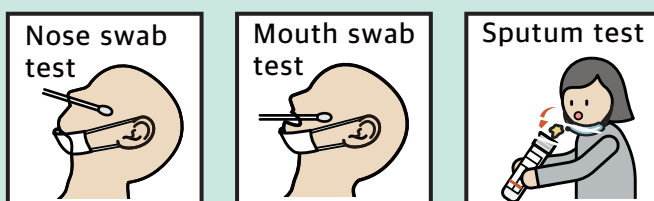
Please stay in the waiting area.



Go to the examining room



Consult a doctor in the examining room and get your temperature checked.



Receive the nose swab test, mouth swab test, and sputum test.

1. Personal Information

1. Identification Please

Identification please.

2. Current Living Address Correct ?

Is this your current address?

Address Tell

Tell me your address please.

3. Mobile phone Phone number Tell

Tell me your mobile phone number please.

4. Job What ?

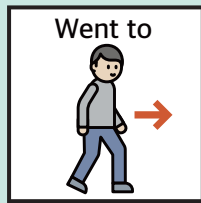
What is your job?

Previous Job What ?

What was your previous job?

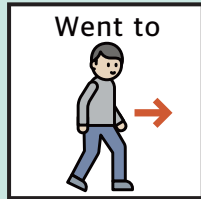
2. Travel Record

1.



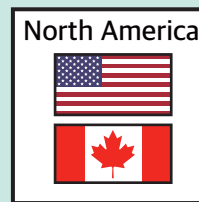
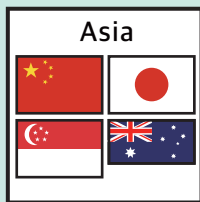
?

Did you travel overseas?

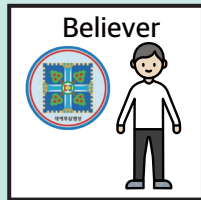


?

Where did you visit?

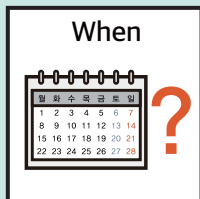


2.



?

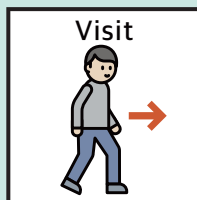
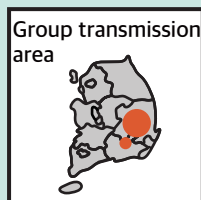
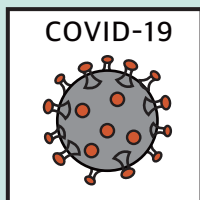
Are you a member of the Shincheonji religious group?



?

When was your last service?

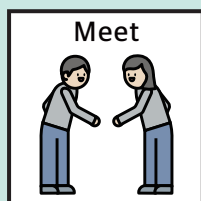
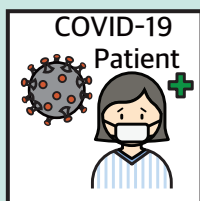
3.



?

Did you visit a COVID-19 group transmission area?




4.













?





Did you meet a confirmed case?

3. Symptoms

1. **Current**  **How**  **Sick**  ?

What are your symptoms?

Fever 	Cough 	Difficulty breathing 	Chest pressure 	Sore throat 
Muscle pain 	Chill 	Runny nose 	Headache 	Diarrhea 

2. **When**  ? **Sick**  ? From the __ (Day) of __ (Month) **How**  **Sick**  ?

When did the symptoms begin?

How sick are you?

3. **Medicine**  **Take**  ? **Fever reducer**  **Take**  ?




Did you take any medicine?

Did you took any fever reducer?


4. **Cigarette**  **Smoke**  ? **How many**  ? **Smoke**  ?

Do you smoke?

How many cigarettes do you smoke per day?

5. **Blood pressure**  **Diabetes**  **Pneumonia**  ?

Do you have any high blood pressure, diabetes, or pneumonia?

6. **Pregnant**  ?

Are you pregnant?

Pen & Paper Please	Pardon?	I don't know	Yes	No
-----------------------	---------	--------------	-----	----

1	2	3	4	5	Tel.	010	
6	7	8	9	0	Month of	Day	Before
					Months	Week	Cigarettes

B	C	D	A	E
F	G	H	I	O
J	K	L	U	Space
M	N	P	T	V
Q	R	S	W	X
			Y	Z

COVID-19	Shincheonji	People	Moved away	Resting
Overseas	Group transmission area	Places	Meet	Visit
Fever	Cough	Difficulty breathing	Chest Pressure	Sore throat
Muscle pain	Chill	Runny Nose	Headache	Diarrhea
High blood pressure	Low blood pressure	Diabetes	Pneumonia	On medicine
I might suddenly move while testing				

<p>Pen & Paper please</p>	<p>Pardon?</p>	<p>I don't know</p>	<p>Yes</p>	<p>No</p>
-------------------------------	----------------	---------------------	------------	-----------

<p>Home</p>	<p>School</p>	<p>Daycare Center (Lifelong Education Center)</p>	<p>Go to</p>	<p>Rest</p>
-------------	---------------	---	--------------	-------------

<p>COVID-19</p>	<p>Shincheonji</p>	<p>People</p>	<p>Meet</p>	<p>Been to</p>
-----------------	--------------------	---------------	-------------	----------------

<p>Overseas</p>	<p>Group transmission area</p>	<p>Places</p>	<p>Sudden body movement</p>
-----------------	--------------------------------	---------------	-----------------------------

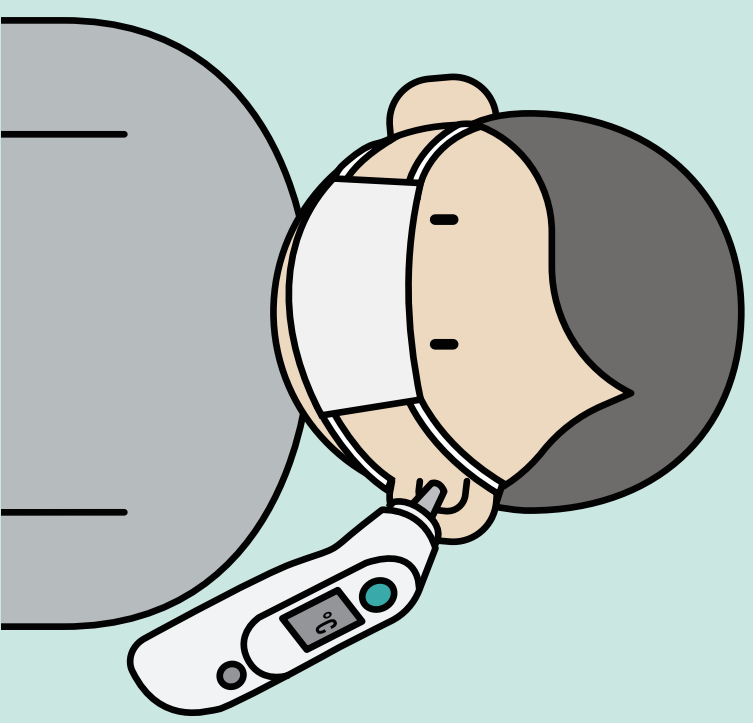
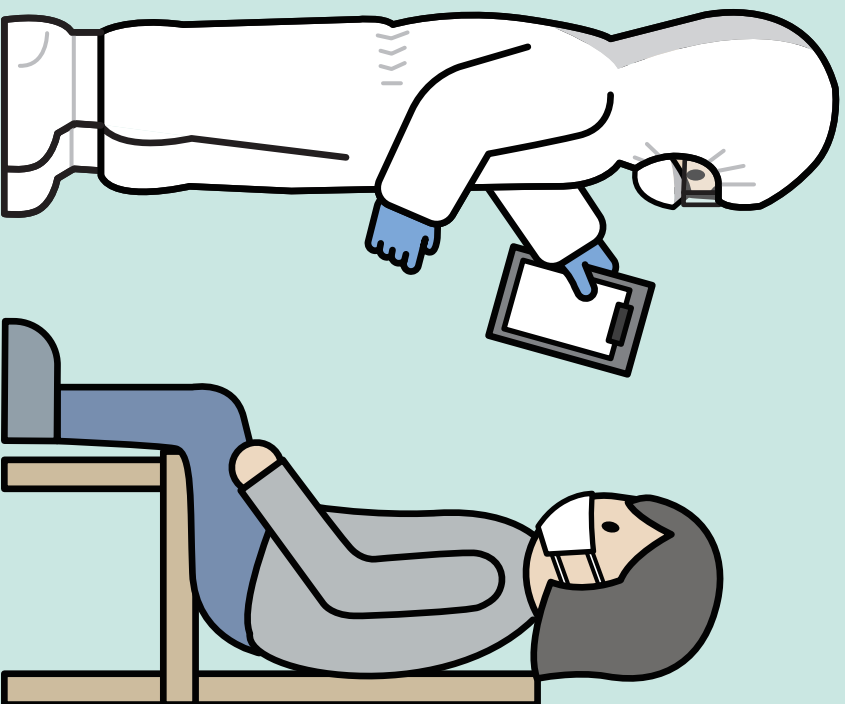
<p>Fever</p>	<p>Cough</p>	<p>Difficulty breathing</p>	<p>Chest pressure</p>	<p>Sore throat</p>
--------------	--------------	-----------------------------	-----------------------	--------------------

<p>Muscle pain</p>	<p>Chill</p>	<p>Runny nose</p>	<p>Headache</p>	<p>Diarrhea</p>
--------------------	--------------	-------------------	-----------------	-----------------

<p>High blood pressure</p>	<p>Low blood pressure</p>	<p>Diabetes</p>	<p>Pneumonia</p>	<p>Take medicine</p>
----------------------------	---------------------------	-----------------	------------------	----------------------




Clinic 1

1. Consult with a doctor
2. Check body temperature













Consult a doctor





1.

Current  How  Sick  ?

What are your symptoms?

Fever 	Cough 	Difficulty breathing 	Chest pressure 	Sore throat 
Muscle pain 	Chill 	Runny nose 	Headache 	Diarrhea 

2.

When  Sick  ? on __ (day) of __ (month) How  Sick  ?

When did the symptoms begin?

How sick were you?


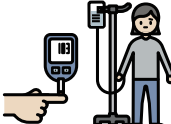

3.

Medicine  Take  ? Fever reducer  Take  ?

Did you take any medicine?

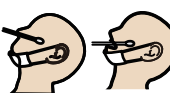

Did you take any fever reducer?

4.

Blood pressure  Diabetes  Pneumonia  ?

Do you have high blood pressure, diabetes, or pneumonia?

5.

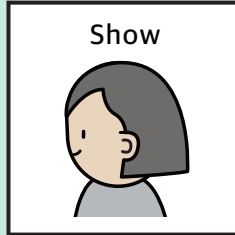
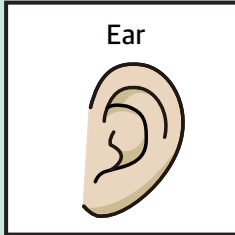
Examination  Sudden body movement  ?

Is there a possibility you may suddenly move while testing?

Temperature check

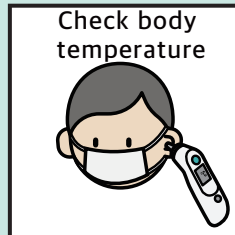
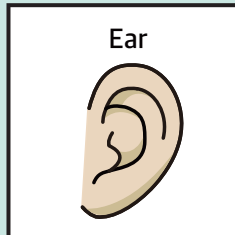
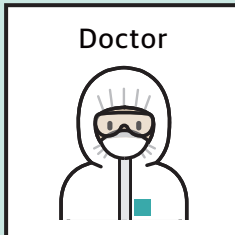


1.



Please show your ear.

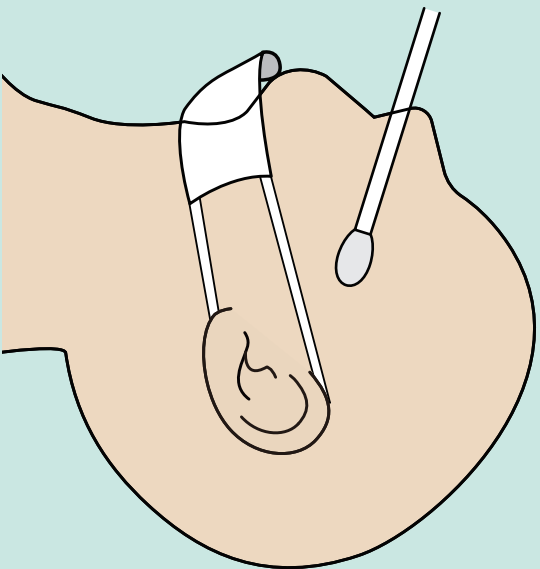
2.



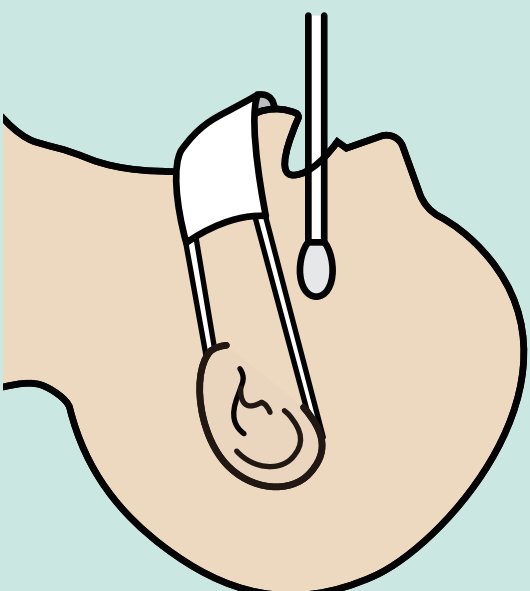
Doctor will check your body temperature.

Clinic 2

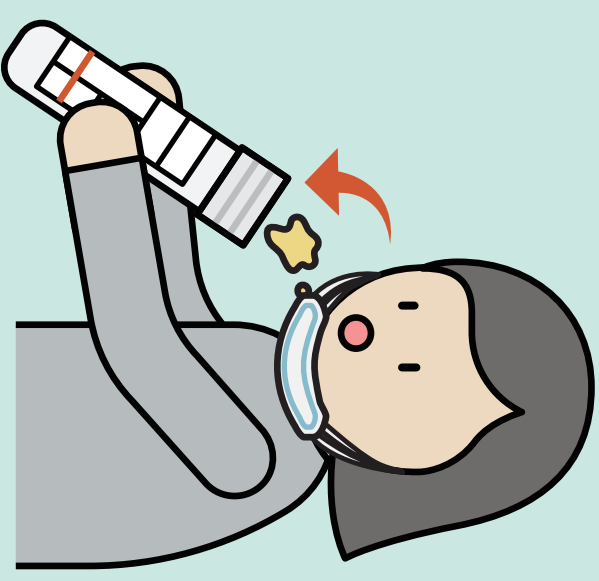
1. Nose Swab Test



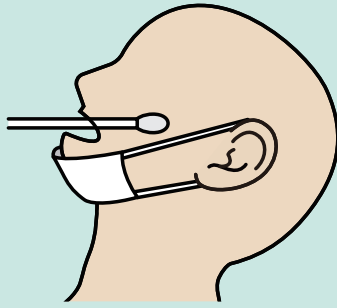
2. Mouth Swab Check



3. Sputum Test



Mouth Swab Test



1. **Mask** **Downward** **Lower**

Pull your mask down.

2. **Head** **Lean back**

Lean your head back.

3. **Mouth** **Open wide**

Open your mouth wide.

4. **Ah~** **Make a long sound**

Make a long 'Ah~' sound.

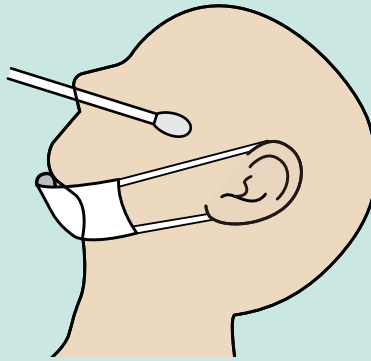
5. **Doctor** **Swab** **Mouth** **Put inside**

Doctor will put a swab inside your mouth.

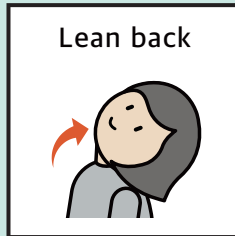
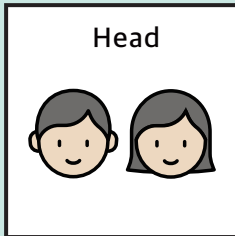
6. **Swab** **Inside mouth** **Rub**

Use the swab to rub inside the mouth.

Nose Swab Test

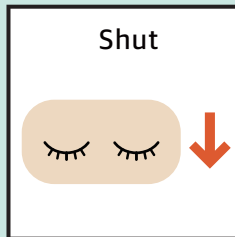
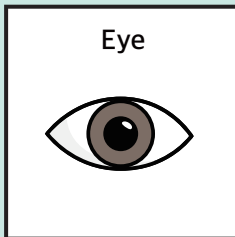


1.



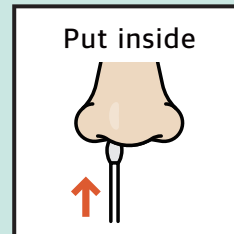
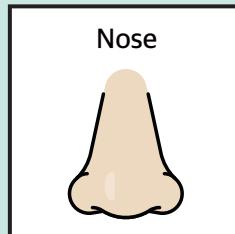
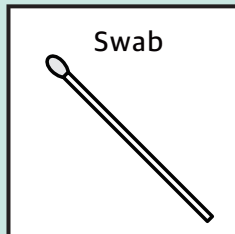
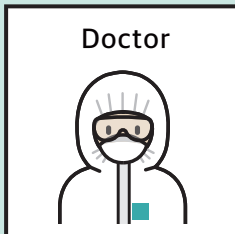
Lean your head completely back.

2.



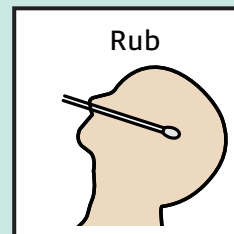
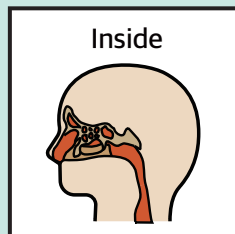
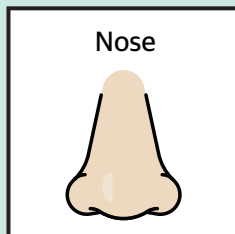
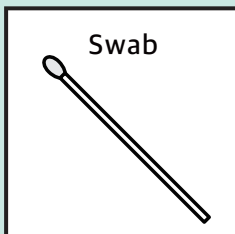
Please close your eyes.

3.



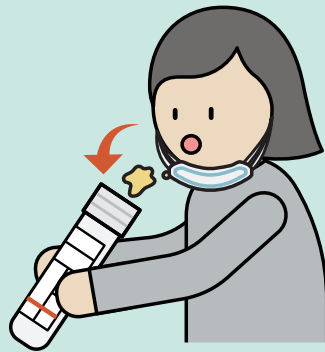
Doctor will put a swab inside your nose.

4.



Doctor will rub the swab inside your nose.

Sputum Test



- Mask On

Inside Mouth

Sputum

Collect

Put on a mask to collect sputum inside your mouth.

- Container

Sputum

Spit

Spit sputum into the container.

- Nose Swab Test

Mouth Swab Test

Sputum

When you have sputum during the nose or mouth swab tests

- Container

Sputum

Spit

Spit sputum into the container.

After examination

- | | | | |
|---|-----------------|------------------|---------------------|
| <p>Test result</p> <p>Positive Negative</p> | <p>Tomorrow</p> | <p>Cellphone</p> | <p>Text message</p> |
|---|-----------------|------------------|---------------------|

You'll receive the test result tomorrow via text message.

- | | | | |
|-------------------|-----------|-------------|-------------|
| <p>Go outside</p> | <p>No</p> | <p>Home</p> | <p>Stay</p> |
|-------------------|-----------|-------------|-------------|

Do not go outside.

You should stay home.

- | | | |
|-------------|----------------------|---------------|
| <p>Home</p> | <p>Keep distance</p> | <p>Living</p> |
|-------------|----------------------|---------------|

Keep distance from others in your house.

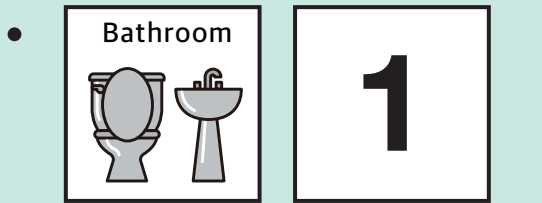
- | | | | | |
|------------------|--------------------|---------------------|--------------------|-----------|
| <p>Eat alone</p> | <p>Sleep alone</p> | <p>Eat together</p> | <p>Share a bed</p> | <p>No</p> |
|------------------|--------------------|---------------------|--------------------|-----------|

Eat alone and sleep alone.

You should not eat together or share a bed

- | | | |
|---------------------|---------------------------------|-------------|
| <p>Put on masks</p> | <p>keep off for 2m(6.6feet)</p> | <p>Talk</p> |
|---------------------|---------------------------------|-------------|

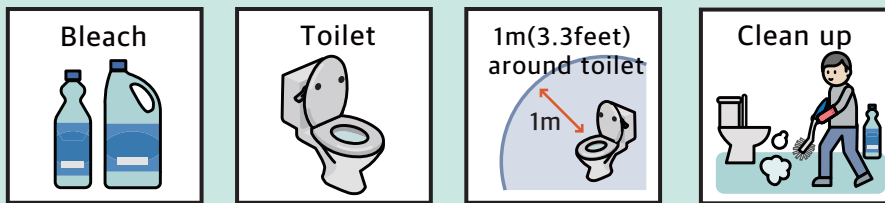
When talking, put on a mask and keep a 2m distance.



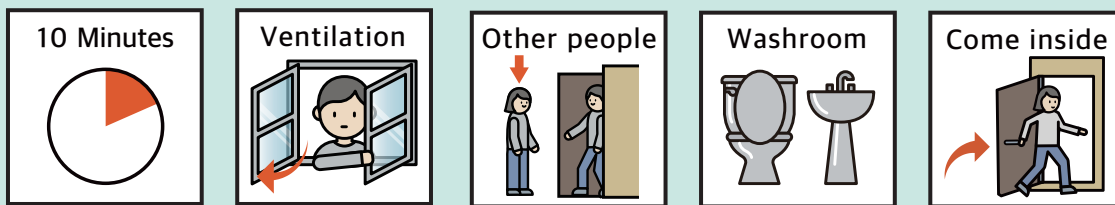
When there is one bathroom,



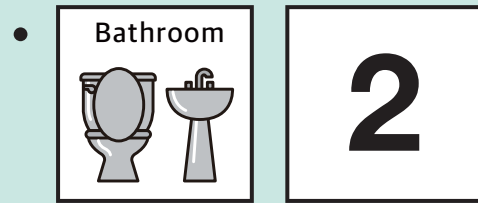
Flush after use.



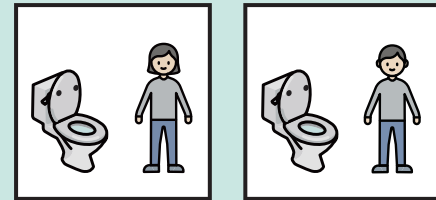
Clean the toilet and 1m around it with bleach.



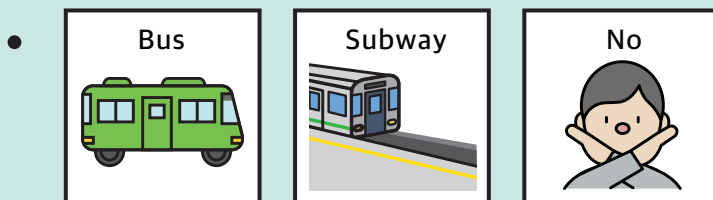
Other people can use the toilet after ventilating for 10 minutes.



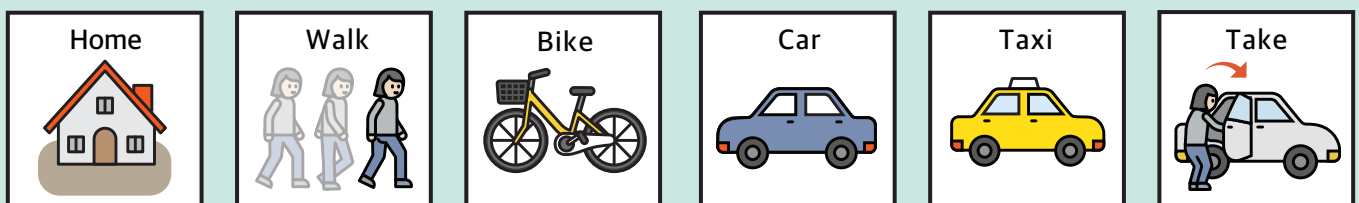
When there are two bathrooms,



Use separate bathrooms.

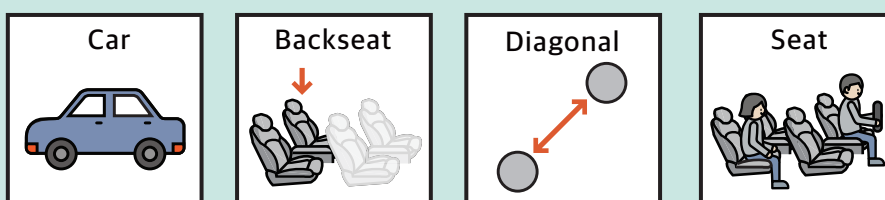


You should not use the bus or subway.



Walk home.

Take a bike, car, or a taxi.



Seat diagonally from the driver, in the backseat.