様式第1号　　　　　 　　 　　　　　　　　　　　 平成　　年　　月 日

茨城県知事　　　　　　　　殿

（　　　　　　　　保健所長　殿）

　　　　　　　　　　　　　　郵便番号

　　　　　　　　　　　　　　住　　所（法人にあっては，主たる事務所の所在地）

　　開設者

氏　　名（法人にあっては，名称及び代表者の職氏名）

電話番号

病　院　開　設　許　可　申　請　書

　次のとおり病院を開設したいので，医療法（昭和23年法律第205号）第７条第１項及び同法施行規則（昭和23年厚生省令第50号）第１条の14第１項の規定により申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ふ　り　が　な | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １　名　　　　　称 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２  開設の場所 | 郵便番号 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＦＡＸ番号 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３　診療を行おうとする科目 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　開設者が臨床研修等修了医師又は臨床研修等修了歯科医師以外の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）開設の目的 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （２）維持の方法 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５　開設者が臨床研修等修了医師又は臨床研修等修了歯科医師の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現に病院若しくは診療所を開設若しくは管理し，又は病院若しくは診療所に勤務している場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 病院又は診療所の名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 病院又は診療所の所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 本病院と同時に他の病院又は診療所を開設しようとしている場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 病院又は診療所の名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 病院又は診療所の所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 臨床研修修了登録証  又は免許証番号  及び登録年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 第　　　　　　　　号  年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | 保健所担当者確認欄  （注を参照） | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 再教育研修修了登録年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | 保健所担当者確認欄  （注を参照） | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| ６　医師，歯科医師，薬剤師，看護師その他の従業員の定員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従業員 | | | | | | | | | | | | 定　　員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 従業員 | | | | | | | | | | | | | | | | | | | | | | 定　　員 | | | | | | | | | | | | | | | |
| 医師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 理学療法士 | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 歯科医師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 作業療法士 | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 薬剤師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 事務員 | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 看護師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | その他 | | | | | |  | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 准看護師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 助産師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 看護補助者 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 栄養士 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| 診療放射線技師 | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 計 | | | | | | | | | | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | |
| ７　敷地の面積 　　 平方メートル及び平面図　別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ８　敷地周囲の見取図　別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ９　建物の構造概要及び平面図　別添のとおり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建物名称 | | | | | | | | | | | | | | | 構　　造　　概　　要 | | | | | | | | | | | | | | | | | | | | | | | | 用　　　　　　　　途 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 面　　　　積 | | | | | | | | | | | |
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| 10　次に掲げる施設の有無及び構造設備の概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）各科専門の診察室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 診察室名 | | | | | | 室面積 | | | | | | | | | | | | | | | | | | | | | 処置室兼用の  場合その部分 | | | | | | | | | | | | 診察室名 | | | | | | | | | | | | | | | | | 室面積 | | | | | | | | | | | | | | | | 処置室兼用の  場合その部分 | | | | | | |
| 科 | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | 科 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | |
| 科 | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | 科 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | |
| 科 | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | 科 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | |
| 科 | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | 科 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | |
| （２）手術室及び準備室（該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 室面積 | | | | | | | 構　　　造　　　設　　　備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術台 | | | | | | | | | | | | | 床 | | | | | | | | | | 壁 | | | | | | | | | | | 天　井 | | | | | | | | | 照　明 | | | | | | | | | | | | | | | 暖　房 | | | | | | | | | 清潔な手洗い設備 | |
| 手術室 | | | ㎡ | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | |
| 準備室 | | | ㎡ | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |  | |
| その他の施設 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 滅菌水による手洗い設備 | | | | | | | | | | | | | | | | | | | | | □無・□有 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手術用の手洗い設備への  給水 | | | | | | | | | | | | | | | | | | | | | □水道法の上水道・□水道法の簡易水道・□水道法の専用水道・  □水道法の簡易専用水道・□条例の小規模水道・  □条例の小簡易専用水道・□その他（　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （３）処置室（診察室兼用の場合を除く） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 処　置　室　名 | | | | | | | | | | | | | | | | | | | | 室　面　積 | | | | | | | | | | | | | | | | | | 処　置　室　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 室　面　積 | | | | | | | | | |
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| （４）臨床検査施設（該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 検体検査業務の外部委託の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □無・□有　（□一部・□全部　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名　称 | | | | | | | | | | | | | | | | | | | | 室面積 | | | | | | | | | | | | | | | | | | 検査設備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （５）エックス線装置及び診療室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 開設時設置予定のエックス線装置 | | | | | 固定・携帯  の別 | | | | | | | | | | | | | | | | | 用　　途  （注を参照） | | | | | | | | | | | | | | | | | | | | | | | | 製作者及び型式 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| エックス線  診療室 | | | | | 室面積 | | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | 操作室面積 | | | | | | | | | | | | | | | | 暗　　室 | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | 設　備 | | |
| ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | |
| ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | |
| ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | |
| （６）調剤所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | 採光面積 | | | | | | | | | | | | | 外気開放  面 積 | | | | | | | | | | | | | | 麻薬金庫  の 有 無 | | | | | | | | | | | | | | 冷暗所の  面積構造 | | | | | | | | | | | | | 給水箇所 | | | | | | | | | | | | | 備付天秤，  上皿天秤 | | | | | | | |
| ㎡ | | | | ㎡ | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 造  ㎡ | | | | | | | | | | | | |  | | | | | | | | | | | | | 感量10mg 台  感量500mg 台 | | | | | | | |
| （７）給食施設（該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 調理業務の外部委託の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □無・□有（□代行調理・□その他（□一部・□全部）） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 洗浄業務の外部委託の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □無　・　□有　（□一部　・　□全部） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 調理室 | 室面積 | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | | | | | | | | 冷蔵庫 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 床の構造 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 事務室 | | | | | | | | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| 食器消毒設備 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 食品倉庫  又は置場 | | | | | | | | | | | 主食類 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| 採光通風の状況 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 調味料 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| 手洗い設備 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 野菜類 | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |
| 配膳室 | 名称  又は  位置 | | | | | | | 室面積 | | | | | | | | | | | | | | | | 食品消毒  設備又は  方法 | | | | | | | | | | | 食器  洗浄  設備 | | | | | | | | | | | | | | 食器  消毒  設備 | | | | | | | | | | | | 食器  格納  設備 | | | | | | | | | | | | | | 温食  設備 | | | |
|  | | | | | | | ㎡ | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| （８）分べん室及び新生児の入浴施設（診療科名中に産婦人科又は産科を有する病院） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 分べん室 | | 室面積 | | | | | | | | | 構造設備 | | | | | | | | | | | | | | | | | 新生児  の入浴  施設 | | | | | | 室面積 | | | | | | | | | | | | | | 構造設備 | | | | | | | | | | | | 新生  児室 | | | | | | | | | | 室面積 | | | | | | | | 構造設備 |
| ㎡ | | | | | | | | |  | | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | |  | | | | | | | | | | | | ㎡ | | | | | | | |  |
| （９）機能訓練室，談話室，食堂及び浴室の構造設備の概要（療養病床を有する病院） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ①機能訓練室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 床面積 | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | 設備概要（主な器械・器具） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ②談話室（該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 専用・共用の別 | | | | | | | | | 有　無 | | | | | | | | | | | | | | | | 床面積 | | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | 共用室の名称 | | | | | | | | | | | | |
| □専用・□共用 | | | | | | | | | □有・□無 | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| □専用・□共用 | | | | | | | | | □有・□無 | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| □専用・□共用 | | | | | | | | | □有・□無 | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| □専用・□共用 | | | | | | | | | □有・□無 | | | | | | | | | | | | | | | | ㎡ | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ③食　堂 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 床面積 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ④浴　室 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 浴槽の概要 | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| （10）その他厚生労働省令で定める施設 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ①消毒施設（入院患者及び従業員の被服，寝具，器具等）  （該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 繊維製品の滅菌消毒業務の外部委託の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □無　・　□有　（□一部　・　□全部） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 消毒方法及び設備 | | | | | | | | | | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ②洗濯施設（該当する項目の□を■で表示すること。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 寝具類の洗濯業務の外部委託の有無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □無　・　□有　（□一部　・　□全部） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | 構造概要 | | | | | | | | | | | | | | | | | | | | | | 洗濯設備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 乾燥設備その他 | | | | | | | | | | | | | | |
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| （11）歯科技工室（歯科医業を行う病院であって，歯科技工室を設けようとするとき） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 室面積 | | | | | | | | | | | | | | 採光面積又は照明 | | | | | | | | | | | | | | | | | | | | | | 防塵設備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | その他必要な施設 | | | | | | | | | | | | | | |
| ㎡ | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 11　病床数及び病床の種別ごとの病床数並びに各病室の病床数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 種　　　　別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 室　　　数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 病　床　数 | | | | | | | | | | | | | | | | | | | |
| 精　　　　神 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | うち　保護室 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 感　 染 　症 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 結　　　　核 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 療　　　　養 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 一　　　　般 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. 開設者が法人であるときは，定款，寄附行為又は条例（写しを添付） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13　開設の予定年月 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 管理者就任予定者の  住所及び氏名 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 機械換気設備の換気系統の区分 | | | | | | | | | | | | | | | | | | | | | | | | | 感染症病室 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 結核病室 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病理細菌検査室 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 診療用電気等危害の防止方法 | | | | | | | | | | | | | | | | | | | | | | | | | 電気等使用場所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 危害防止方法の概要 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17 火気使用場所の防火設備 | | | | | | | | | | | | | | | | | | | | | | | | | 火気使用場所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 防火設備の概要 | | | | | | | | | | | | | | | | | | | | | | | | |
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| 18 消火用の機械器具の概要 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 感染症病室・結核病室のある病院 | | | | | | | | | | | | | | | | | | | | | | | | | 感染予防のための必要な措置 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 必要な消毒設備 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 精神病室のある病院の精神病室の設備 | | | | | | | | | | | | | | | | | | | | | | | | | 精神疾患の特性を踏まえた適切な医療の提供及び患者の保護のために必要な方法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 添付書類 | | | | | | | ①　開設者が臨床研修等修了医師又は臨床研修等修了歯科医師である場合には，履歴書及び臨床研修修了登録証の写し（開設者が医師法第７条の２第１項の規定による厚生労働大臣の命令又は歯科医師法第７条の２第１項の規定による厚生労働大臣の命令を受けた者である場合には、再教育研修修了登録証の写しも添付すること。また，平成16年４月１日以前に医師免許を受けている者及び同日前に医師免許の申請を行った者であって同日以後に医師免許を受けた者又は平成18年４月１日以前に歯科医師免許を受けている者及び同日前に歯科医師免許の申請を行った者であって同日以後に歯科医師免許を受けた者である場合には，臨床研修修了登録証の写しの代わりに免許証の写しを添付すること。）  ② 開設者が法人である場合には，登記簿謄本又は登記事項証明書（新たに設立した医療法人で登記未了の場合には，設立認可書写し）  ③　開設者が法人である場合には，定款，寄附行為又は条例の写し  ④　当該病院敷地の公図及び登記簿謄本又は登記事項証明書並びに現に当該病院建物がある場合には建物の登記簿謄本又は登記事項証明書  ⑤　敷地の平面図  ⑥　敷地周囲の見取図  ⑦　建物の平面図  ⑧　当該病院に係る土地又は建物が開設者の所有に係るもの以外の場合には，賃貸借契約書の写しその他の当該土地又は建物を使用する権限が開設者にあることを疎明する資料  ⑨ 建築基準法の規定による確認済証の写し  ⑩ 各病室の概要（別記１），廊下の設置状況（別記２）及び階段の設置状況（別記３）  ⑪　汚水排出届（別記４）又は汚水の排出先が下水道法に規定する公共下水道又は流域下水道であって終末処理場を設置しているものである場合には，その旨を疎明する書類  ⑫　飲料水水質検査成績書の写し又は使用飲料水が上水道又は簡易水道によるものである場合には，その旨を疎明する書類  ⑬　検体検査業務，調理業務，洗浄業務，繊維製品の滅菌消毒業務又は寝具類の洗濯業務の外部委託を行う場合で，当該業務に係る設備を設けない場合には，当該外部委託に係る契約書の写しその他の当該外部委託を疎明する資料  ⑭　人員配置基準を充足するための計画書  ⑮　麻酔科を標榜する場合には，標榜許可書の写し  ⑯　開設許可が，開設者の変更又は病院の移転によるものである場合には，次の書類  ア 前年１年間の１日平均外来患者数及び外来処方せん取扱数（別記５）並びに前年１年間の病床種別ごとの１日平均入院患者数（増床及び病床種別の変更等で実績がない場合には見込み数）（別記６）  イ 医療従業員名簿（非常勤の医療従業員を含む。別記７）  ウ イの医療従業員名簿に登載された医師，歯科医師，薬剤師，看護師，准看護師，管理栄養士，栄養士，診療放射線技師，臨床検査技師，理学療法士及び作業療法士その他の免許を有する者の当該免許証写し  エ イの医療従業員名簿に登載された医師，歯科医師及び薬剤師の就任承諾書及び履歴書  オ 非常勤職員の勤務状況を疎明する資料（別記８）  カ 就業規則の写し | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（注）1　□欄には該当するものを■で表示すること。

（注）2　平面図は，各室の用途を示し，各病室の病床数及び精神病室，感染症病室，結核病室又は療養病床に係る病室があるときは，病床種別を明示すること。

（注）3　平面図との突合に留意して記入すること。

（注）4　臨床研修等修了登録証の写し，免許証写し及び再教育研修修了登録証の写しの添付は，本証の提示確認に代えることができる。提示確認の場合は，該当欄に保健所担当者の署名を受けること。

（注）5　病院開設者が当該病院を譲渡し，又は病院開設者について相続若しくは合併があったときは，当該病院の譲受者，相続人又は合併後の法人は，申請書中第7項から第10項までに掲げる事項のうち変更がない事項の記載を省略することができる。

（注）6　「（５）エックス線装置及び診療室」の「用途」欄には，「直接撮影用エックス線装置」，「断層撮影エックス線装置」，「ＣＴエックス線装置」，「胸部集検用間接撮影エックス線装置」，「口内法撮影用エックス線装置」，「歯科用パノラマ断層撮影装置」，「骨塩定量分析エックス線装置」，「乳房撮影用エックス線装置」，「透視用エックス線装置」，「治療用エックス線装置 (近接照射治療装置)」 ，「治療用エックス線装置(近接照射治療装置以外)」，「輸血用血液照射エックス線装置」又は「その他」のいずれかを記入すること。「その他」の場合には，かっこ書きで用途を記入すること。