

To help prevent expectant mothers from getting infected with coronavirus, we have decided to provide 20 ¥500 taxi tickets to every expectant mother who has taken/will take a consultation at the Health and Welfare Center in Hachioji before 31/March/2021.

To book a consultation, please make a reservation at any center by phone. Consultations are offered from 9 a.m. to 5 p.m. from Monday to Saturday.

Please bring your “Maternal and Baby’s Health Handbook”, your I.D. and the questionnaire. If you have difficulty filling out the questionnaire by yourself, we can help you when you come for the consultation.

Please contact us if you have any questions or to make a reservation.

【Ohyoko Health and Welfare Center】

192-0062

Hachioji-city, Ohyoko-cho 11-35

Tel: 042-625-9200 Fax: 042-627-5887

【Higashi Asakawa Health and Welfare Center】

193-0834

Hachioji-city, Higashi Asakawa-cho 551-1

Tel: 042-667-1331 Fax: 042-667-7829

(closed on the second Monday of each month)

【Minami Ohsawa Health and Welfare Center】

192-0364

Hachioji-city, Minami Ohsawa 2-27 Fresco Minami Ohsawa 1F

Tel: 042-679-2205 Fax: 042-679-2214



Notes about the Taxi Tickets

- The tickets are accepted by

旭交通 Asahi Kotsu

飛鳥交通キャブ Asuka Kotsu Cab

飛鳥交通多摩 Asuka Kotsu Tama

飛鳥交通ニュータウン Asuka Kotsu Newtown

キャピタル交通 Capital Kotsu

京王自動車 Keio Jidosya

さがみ交通八王子 Sagami Kotsu Hachioji

三和交通 Sanwa Kotsu

大成交通 Taisei Kotsu

高鉄交通 Takatetsu Kotsu

都民交通事業 Tomin Kotsu Jigyo

西東京個人タクシー協同組合 West Tokyo Owner Driver Taxi Cooperative Association

八王子交通事業 Hachioji Kotsu Jigyo

八南交通 Hachinan Kotsu

東日本個人タクシー協同組合 East Japan Owner Driver Taxi Cooperative Association

日野交通 Hino Kotsu

南観光交通 Minami Kanko Kotsu



- The tickets are valid from 18/May/2020 to 31/March/2021.
- You can use them both before and after you give birth.
- Only the mother registered as a Hachioji resident can use the tickets.
- Please show your “Maternal and Child Health Handbook” to a driver. Tickets can’t be used without this.
- You can use as many tickets as you like at one time.
- Change cannot be given for tickets.
However, you can pay with the combination of tickets and cash.
- We can’t reissue any tickets for any reason.
- Tickets can’t be re-sold or given to other people.
- Tickets used in any unlawful way will be reclaimed.

	Name of Taxi Company (Location)	Phone number
1	旭交通 Asahi Kotsu (Sennin-cho)	042-661-7225
2	飛鳥交通キャブ Asuka Kotsu Cab (Higashi Asakawa-machi)	042-402-6777
3	飛鳥交通ニュータウン Asuka Kotsu Newtown (Higashi Asakawa-machi)	042-402-6777
4	飛鳥交通多摩 Asuka Kotsu Tama (Tama-city, Minamino)	042-402-6777
5	キャピタル交通 Capital Kotsu (Sanyu-machi)	0120-072-345
6	京王自動車 Keio Jidosya (Myojin-cho)	042-642-9966
7	さがみ交通八王子 Sagami Kotsu Hachioji (Izumi-cho)	042-628-5211 0120-813-352
8	三和交通 Sanwa Kotsu (Moto Hongo-cho)	0570-041-730 042-364-6000
9	大成交通 Taisei Kotsu (Akatsuki-cho)	042-622-3467 042-622-3128
10	高鉄交通 Takatetsu Kotsu (Higashi Asakawa-machi)	0120-617-212
11	都民交通事業 Tomin Kotsu Jigyo (Tamadaira)	042-581-7654
12	西東京個人タクシー協同組合 West Tokyo Owner Driver Taxi Cooperative Association	03-3383-3111
13	八王子交通事業 Hachioji Kotsu Jigyo (Asahi-cho)	042-623-5111
14	八南交通 Hachinan Kotsu (Kitano-machi)	042-642-3371
15	東日本個人タクシー協同組合 East Japan Owner Driver Taxi Cooperative Association	042-626-0660
16	日野交通 Hino Kotsu (Hino-city, Shin-machi)	042-582-0161
17	南観光交通 Minami Kanko Kotsu (Hino-city, Hodokubo)	042-592-0011 0120-373-049

The Questionnaire

Name	_____
Date of birth (DD/MM/YYYY)	____ / ____ / ____ (____ years old)
Address	_____

Phone number	_____ (_____)
Occupation	_____
Weeks of pregnancy weeks	_____ weeks
Due date	_____
Name of hospital	_____

1, Is your pregnancy going well?

Yes

No → What is the problem?

2, Do you regularly go to the hospital to get maternity checkups?

Yes → When will your next checkup be?

No → Why?

3, Are you currently receiving any treatments for any diseases?

Yes → Please specify.

No

4, Do you have any concerns about maternity or any other things in your daily life?

Yes → Please specify.

No

5, Is there anyone you can talk to or ask for help about your problem?

Yes → husband/partner , parents , brothers , sisters , friends , other()

No

6, Do you have anything else you want to consult us about?

Yes → Please provide a daytime phone number.

No

7, Please tell us about your family members.

	age	occupation	health condition
1, myself			<input type="checkbox"/> good <input type="checkbox"/> not good()
2, husband /partner			<input type="checkbox"/> good <input type="checkbox"/> not good()
3,			<input type="checkbox"/> good <input type="checkbox"/> not good()
4,			<input type="checkbox"/> good <input type="checkbox"/> not good()
5,			<input type="checkbox"/> good <input type="checkbox"/> not good()
6,			<input type="checkbox"/> good <input type="checkbox"/> not good()
7,			<input type="checkbox"/> good <input type="checkbox"/> not good()