**Questionnaire on health and travel/contact history**

**related to novel coronavirus disease (COVID-19)**

Date: (dd/mm/yy)

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| Name |  | Date of birth | (dd/mm/yy) |
| Student ID |  | Affiliation |  |
| Telephone |  | E-mail |  |

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|  | Answer to the questionnaires below. |
| Travel history | 1. Period of your stay abroad   From　　 (dd/mm/yy) until　　 (dd/mm/yy)   1. Where have you stayed? \*Provide all the countries and areas including transit point   (　　　　　　　　　　　　　　　　　　　　　　　　　　　 )   1. Have any COVID-19 case confirmed in the countries and areas you stayed?   □Yes　　　□No |
| Contact with infected patients | 1. Have you contacted the infected patients or person with symptoms such as fever or coughs? \*Includes the case that the symptoms appeared after your return  □Yes　　　□No  2. Provide the details of the contact; when did the patients’ symptoms appear; the course of their disease; and when and how you contacted the patients.  (　　　　　　　　　　　　　　　　　　　　　　　　　　　 ) |
| Symptoms | Body temperature 　　　 　°C, as of 　　 (hh/dd/mm)  -Cough　□Yes　□No　-Breathlessness　□Yes　□No  Other symptoms (　　　　　　　　　　　　　　　 )  If you have any symptom,  (1) Since when do you have the symptoms?　　Since 　　 (dd/mm)  (2) Have you taken a medical examination?　 □Yes　　□No  Date of the first examination: (dd/mm)  Name of medical institution: ( )  　　 Diagnosis/Prescription: ( ) |
| Other related conditions | 1. Are you taking a medical treatment or visit hospital regularly for any disease?   □Yes　□No   1. If “Yes”, provide the name of the disease   (　　　　　　　　　　　　　　　　　　　　　　　　　　　 )   1. You are living   □By yourself　□In student/staff dormitory　□With family or housemate |

以下、保健センター記入 \*No need to fill in below

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| 1. 早急に受診指示   □帰国者・接触者相談センターに電話連絡し、受診の指示を受ける  □指示を受けた後、保健センターにも連絡する   1. 自宅での健康観察（２週間）の指示   □自宅療養  □外出の際はマスク着用  □自己健康管理表の記入   1. 健康観察期間中に症状が出た場合の指示   □早急に帰国者・接触者相談センターに電話連絡し、受診の指示を受ける  □指示を受けた後、保健センターにも連絡する  　　　　　　　　　　　　　（対応者：　　　　　　　　） |