

Questionnaire on health and travel/contact history related to novel coronavirus disease (COVID-19)

Date: _____(dd/mm/yy)

Name		Date of birth	
Student ID		Affiliation	
Telephone		E-mail	

	Answer to the questionnaires below.
Travel history	<p>1. Period of your stay abroad From _____(dd/mm/yy) until _____(dd/mm/yy)</p> <p>2. Where have you stayed? *Provide all the countries and areas including transit point ()</p> <p>3. Have any COVID-19 case confirmed in the countries and areas you stayed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
Contact with infected patients	<p>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 <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>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. ()</p>
Symptoms	<p>Body temperature _____°C, as of _____(hh/dd/mm)</p> <p>-Cough <input type="checkbox"/>Yes <input type="checkbox"/>No -Breathlessness <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Other symptoms ()</p> <p>If you have any symptom,</p> <p>(1) Since when do you have the symptoms? Since _____(dd/mm)</p> <p>(2) Have you taken a medical examination? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Date of the first examination: _____(dd/mm)</p> <p>Name of medical institution: ()</p> <p>Diagnosis/Prescription: ()</p>
Other related conditions	<p>1. Are you taking a medical treatment or visit hospital regularly for any disease? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. If "Yes", provide the name of the disease ()</p> <p>3. You are living <input type="checkbox"/>By yourself <input type="checkbox"/>In student/staff dormitory <input type="checkbox"/>With family or housemate</p>

以下、保健センター記入 *No need to fill in below

<p>1. 早急に受診指示 <input type="checkbox"/>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 <input type="checkbox"/>指示を受けた後、保健センターにも連絡する</p> <p>2. 自宅での健康観察（2週間）の指示 <input type="checkbox"/>自宅療養 <input type="checkbox"/>外出の際はマスク着用 <input type="checkbox"/>自己健康管理表の記入</p> <p>3. 健康観察期間中に症状が出た場合の指示 <input type="checkbox"/>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 <input type="checkbox"/>指示を受けた後、保健センターにも連絡する</p> <p style="text-align: right;">（対応者： _____）</p>
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