**COVID-19 Infection Report** (For staff, students, visitors)

|  |  |
| --- | --- |
| Affiliation |  |
| Staff/Student ID Number(Kyutech staff and students only) |  |
| Contact (Mobile phone etc.) |  |
| Name |  |

|  |  |
| --- | --- |
| 1. Reporting date
 |  (DD/MM/YY) |
| 1. Date of diagnosis

(Date when confirmed positive for PCR test or for antigen test to diagnose COVID-19) |  (DD/MM/YY) Confirmed positive with;( 　PCR test / Antigen test 　)\*\*Circle either of the tests for the first diagnosis |
| 1. Name of medical institution
 |  |
| 1. Current status

(Symptoms, treatment status) |  |
| 1. Date when flu-like symptoms such as fever and cough appeared
 |  (DD/MM/YY) |
| 1. Overseas travel history within 1 month before diagnosed
 | 1. Travel period
2. Countries and regions/Cities you stayed
 |
| 1. Contact history with people of Kyutech/outside Kyutech in 3 days before flu-like symptoms such as fever and cough appeared

(At lectures, meetings, business trip, etc.) |  |
| Do you agree to inform of your infection to close contacts (including possible contact)?( Yes / No ) |
| 1. Outlook of doctors or instructions of Public Health Centers (Hospitalization, self-quarantine, etc.)
 |  |