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

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

|  |  |
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| 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.) |  |