

## 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)
② 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
③ Name of medical institution	
④ Current status (Symptoms, treatment status)	
⑤ Date when flu-like symptoms such as fever and cough appeared	(DD/MM/YY)
⑥ Overseas travel history within 1 month before diagnosed	① Travel period  ② Countries and regions/Cities you stayed
⑦ 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     )
⑧ Outlook of doctors or instructions of Public Health Centers (Hospitalization, self-quarantine, etc.)	