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

**Date:** __________ (dd/mm/yy)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Student ID</th>
<th>Affiliation</th>
<th>Telephone</th>
<th>E-mail</th>
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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)
2. Where have you stayed? *(Provide all the countries and areas including transit points)*
3. 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 □
2. If “Yes”, provide the name of the disease
   - ( )
3. You are living
   - By yourself □ In student/staff dormitory □ With family or housemate □

*No need to fill in below:

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 □
2. 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 □
3. 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： )