**Health check Sheet (Departure)**

1. Applicant details

|  |  |  |
| --- | --- | --- |
| Name | Family name | Given name(s) |
| フリガナ |  |
|  |  |
| Affiliation | Faculty or Graduate School:　　　　　　　　　　Level:　☐Master’s year: ( )　☐Doctoral year: ( )Student ID number: |

1. Symptoms

Please record your condition on the day of the departure and 7days before.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days | Body temperature(℃) | Respiratory symptoms | Subjective symptoms (if any) | Please circle if you visited a hospital | Are you taking medicine for fever, coughing, etc. |
| 7 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 6 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 5 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 4 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 3 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 2 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| 1 |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |
| Day of departure  |  | NothingCoughs/ Breathing pain/Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose | No / Yes | No / Yes | No / Yes |

If there are symptoms which I checked in the above list, I will cancel the travel and inform the International Affairs Office immediately.

Signature:　　　　　 　 　　Date (year/month/day):