

Health Check Sheet (Pre-departure)

1. Applicant details

Name	Family name	Given name(s)
Affiliation	Faculty or Graduate School: Level: <input type="checkbox"/> Master's year: () <input type="checkbox"/> Doctoral year: () Student ID number:	

2. Symptoms

Please record your condition on the day of the departure and 14days before.

Days	Body temperature(°C)	Respiratory symptoms	Subjective symptoms (if any)	Please circle if you visited a hospital	Are you taking medicine for fever, coughing, etc.
14		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
13		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
12		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
11		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes

10		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
9		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
8		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
7		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
6		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
5		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
4		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
3		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes

2		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
1		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes
Day of departure		Nothing Coughs/ Breathing pain/ Sore throat/ feeling of fatigue/ Diarrhea/ Runny nose	No / Yes	No / Yes	No / Yes

Confirm and share information regarding the following:

- Public COVID-19 consultation services at the destination
- Local organizations that cases of infection must be reported to
- Emergency contacts
- Clinics that can provide novel coronavirus consultation and treatment to international patients
- Contact details of the relevant embassy and consulate
- Requirements regarding room disinfection and other local requirements.

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

Name: _____

Date (year/month/day): _____