Visitor's Health Checklist For COVID-19

I. Please check the applicable item for the following questions:

1.	Do you have a fever of 37.5 degrees or above?	Body temperature: °C	$(\Box Yes \cdot \Box No)$			
2.	Do you have a cough?		(□Yes • □ No)			
3.	Do you have diarrhea?		(□Yes • □ No)			
4.	Do you have rash (spots on your skin)?		(□Yes · □ No)			
5.	Have you been a close contact of someone with CO	VID-19 in the last 2 weeks?	(□Yes · □ No)			
6.	Have you or a person around you had a fever, cough, diarrhea, rash within the last two weeks?					
	Who: Symptoms:		(□Yes • □ No)			
7.	Have you had a meal or meeting without wearing	ng masks in the last 10 days with anyone	who became ill			
	afterwards?		(□Yes • □ No)			
8.	Do you have a history of traveling abroad with	n the last one week?	(□Yes • □ No)			
	(7) If yes, have you followed the instructions (such as self-quarantine) given by the government since					
	you arrived in Japan?		(□Yes · □ No)			
9.	Please fill out the form on the back.		(□ Completed)			
10.	How many times have you received vaccine for	COVID-19?	(□≥3 □ 2 □ 1 □ 0)			
II.	Please check the following items, if you rooms or NICU:	plan to visit children's wards, no	eonatal			
1.	Do you have a persistent cough lasting more th	an a week?	(□Yes • □ No)			
2.	Do you have a cough with vomiting?	(□Yes · □ No)				
3.	Do you have fits (paroxysms) of many, rapid coughs followed by a high-pitched "whoop" sound?					
	$(\Box Yes \cdot \Box No)$					
Vi	sitor Signature:	Date: /	/			
Ė	沿署名:	対応: 口予定通り・口予定変更				
‡	日当青仟者·	刈心・ロアた通り ロアた変史 				

*対応責任者へのお願い

以下の状況の場合、地域感染症疫学・予防センター(内線 3395)へ連絡ください。

- 1~7の項目について、ひとつでも「あり」の項目がある場合。
- ・ 8について、国の対策方針に沿った対応を「していない」場合。
- ・ 記入終了後は、地域感染症疫学・予防センターのメールボックスへ入れてください。
- ・ ご不明な点は、地域感染症疫学・予防センター 内線 3395 までご連絡ください。

Body Temperature Record

Date of visit (yyyy/mm/dd):	
,	
Recorded from (yyyy/mm/dd):	

		Temperature		Other symptoms					
	Date	Time	Temperature	Cough	Runny nose	Sore throat	Headache	Diarrhea	Others
Day -10	/	:	°C	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	
Day -9	/	:	°C	No · Yes	No · Yes	No · Yes	No · Yes	No • Yes	
Day -8	/	:	°C	No · Yes	No · Yes	No · Yes	No • Yes	No · Yes	
Day -7	/	:	°C	No · Yes	No · Yes	No · Yes	No · Yes	No • Yes	
Day -6	/	:	°C	No · Yes	No • Yes	No · Yes	No • Yes	No · Yes	
Day -5	/	:	°C	No · Yes	No · Yes	No · Yes	No • Yes	No · Yes	
Day -4	/	:	°C	No • Yes	No · Yes	No · Yes	No • Yes	No • Yes	
Day -3	/	:	°C	No · Yes	No · Yes	No · Yes	No • Yes	No · Yes	
Day -2	/	:	°C	No · Yes	No · Yes	No · Yes	No · Yes	No · Yes	
Day -1	/	:	°C	No • Yes	No • Yes	No · Yes	No • Yes	No • Yes	
Day of Visit (Day 0)	/	:	°C	No · Yes	No · Yes	No • Yes	No • Yes	No · Yes	

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> If you have a fever or any symptoms you are concerned about within the last 10 days prior to your visit, please contact out staff in advance.

□ 担当者の方へ

▶ 最初の来院時には、この用紙による体調確認を行います。その後、定期的に当院で業務を行う人については、健康観察内容の情報を共有し、口頭で体調確認を行うようにしてください。 その際は、この用紙の提出は不要です。