

# Health Check and Activity Record Sheet

Contact: Administrative Office, Emergency Management Headquarters, NUT

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## Please conduct this health check twice a day (morning and evening)

Please keep these sheets after filling them out. If you become infected with COVID-19, submit these sheets to the Administrative Office of the Emergency Management Headquarters.

Name ( )	Mobile Phone No. ( )
Dept. ( )	Email Add. ( )
Students: Student No. ( )	Staff: Staff No. ( )
For students living in dormitories, please write the dormitory name/room number here: ( )	

※ For those who have visited other countries/prefectures or participated in events (including volunteer work), please fill in the following. You may increase the number of entries as needed.

Destination: City ( )	Visiting Period:	Month	Date	—	Month	Date
Destination: City ( )	Visiting Period:	Month	Date	—	Month	Date
Event Name/Participation Date/Location ( )	/	Month	Date	/	( )	
Event Name/Participation Date/Location ( )	/	Month	Date	/	( )	

Day	Date	Temperature (°C) Fever: Yes · No	Respiratory symptoms	Other symptoms	Did you see a doctor? (Hospital/Clinic Name)	Name(s) of non-NUT people that you met
1	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
2	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
3	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
4	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
5	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
6	/	Morning    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening    Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	

Day	Date	Temperature (°C) Fever: Yes · No	Respiratory symptoms	Other symptoms	Did you see a doctor? (Hospital/Clinic Name)	Name(s) of non-NUT people that you met
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7	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
8	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
9	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
10	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
11	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
12	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
13	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
14	/	Morning	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	
		Evening	Yes · No	No symptoms Cough/Breathing Difficulty/Sore Throat/Runny Nose		No Yes ( )	