

Health Check and Activity Record Sheet

Contact: Administrative Office, Emergency Management Headquarters, NUT
 Tel: 0258-47-9201
 Email: kiki@jcom.nagaokaut.ac.jp

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
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 ()	