Health Check and Activity Record Sheet

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[Purpose of this sheet]

This sheet is needed to prevent the spread of COVID-19 infections by identifying the contacts of infected people or those have been in close contact with infected people. We thank you for your cooperation.

*Please conduct this health check twice a day (morning and evening). Please also record your activities (including close contacts) every day while your memory is still fresh. *Close contacts refer to those whom you have been in contact with for more than 15 minutes within 1 meter.

If you have a confirmed COVID-19 infection or are suspected to be a close contact, please submit this sheet to the NUT Emergency Management Headquarters by email.

(Please also keep a copy of this sheet's records in your daily schedule book.)

Name						Phone N	umber			
Department							Email Address			
Student No.							Staff No.			
For stud	dents living i	n dori	mitori	es, please v	vrite the dormito	ory name/roo	m number here:	()
*If you	ı have beei	ı to a	ı clin	ic/hospita	l, please write	e the detail	s below.			
Clinic/hospital name:							Consultation date/symptoms:			
* If yo	u have visi	ted o	ther	prefectur	es or particip	oated in evo	ents (including	g volunteer v	work), pl	ease write the details below.
Destination: City							Visiting Period: ~			
Event	Name/Partic	ame/Participation Date/Location								
Day Date		te	Fever		Temperature (°C)	Respiratory Symptoms		Other Symptoms		Department/Name/Activities of Close Contacts
1 1/27	1/27	W	Morning	2 d	ays before in	fection				
	1/2/ —	wed	Evening	sta	rt or day of o	lose				
2	1/28	Thu	Morning	pei	son					
۷	1/28	Tilu	Evening							
3	1/29	Fri	Morning							
3	1/29		Evening							
4	1/30	Sat	Morning							
7	1/30	But	Evening							
5	1/31	Sun	Morning							
J	1/31		Evening							
6	2/1	Mon	Morning							
U	<i>Δ</i> / 1		Evening							

Day	y Date			Fever	Temperature (°C)	Respiratory Symptoms	Other Symptoms	Department/Name/Activities of Close Contacts
7	2/2	Tue	Morning					
			Evening					
8	2/3	Wed	Morning					
			Evening					
9	2/4	Thu	Morning					
			Evening					
10	2/5	Fri	Morning					
10			Evening					
11	2/6	Sat	Morning					
			Evening					
12	2/7	Sun	Morning					
			Evening					
13	2/8	Mon	Morning					
			Evening					
14	2/9	Tue	Morning					
			Evening					