Health Check and Activity Record Sheet

Contact · Submission

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[Purpose of this sheet]

Name

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.

Phone Number

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.)

Department						Email Address				
Student No.							Staff No.			
For stud	dents living i	n dor	mitori	es, please v	vrite the dormito	ory name/roo	om number here:	(•)
*If you	ı have beer	n to a	a clin	ic/hospita	l, please writ	e the detai	ls below.			
Clinic/hospital name:							Consultation date/symptoms:			
* If yo	u have visi	ited (ther	prefectu	es or particip	oated in ev	ents (including	g volunteer	work), pl	ease write the details below.
Destination: City							Visiting Period:			~
Event Name/Participation			n Dat	e/Location						
Day Date		Fever		Temperature (°C)	- Respiratory Symptoms		Other Symptoms		Department/Name/Activities of Close Contacts	
	1/27	Wed	Morning							
1			Evening	sta	ays before in rt or day of o tact with an	lose				
2	1/28	Thu	Morning	pe	son					
2			Evening							
3	1/29	Fri	Morning							
3	1/47		Evening							
4	1/30	Sat	Morning							
			Evening							
7	1/31	Sun	Morning							
5			Evening							
	2/1	Mon	Morning							
6			Evening							

Day	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					
			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					