

COVID19 Health Questionnaire

Name (Furigana)	Gender
Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

If any of the following statements apply to you, please put a tick ✓ in the box

1	<input type="checkbox"/> I have tested positive for coronavirus infection and is being treated at home.	A	
	<input type="checkbox"/> I have been tested for coronavirus and am waiting for the results.		
	<input type="checkbox"/> I had a close contact with a person infected with the coronavirus, and I am currently under health observation.		C
	<input type="checkbox"/> A person I met within the past two days tested positive for coronavirus infection.		

If you have a thermometer, take your temperature and enter it in the box.

(If you do not have a thermometer, please take your temperature when you submit the questionnaire)

2	Temperature	°C ※ If the temperature is 37.5°C or higher, re-measure after 10 minutes and enter the lower value.	37.5°C以上は B
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If you have had any of the following symptoms now or within the past two days, please put a tick ✓ in the corresponding box (excluding those suffering from a chronic disease or symptoms caused by exercise)

3	<input type="checkbox"/> High fever (2°C higher than usual)	<input type="checkbox"/> Strong body tiredness	<input type="checkbox"/> Breathing difficulties	B	
	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Cough			
4	<input type="checkbox"/> Headache	<input type="checkbox"/> Joint/muscle pain	<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/> Diarrhoea	C
	<input type="checkbox"/> Runny nose/nasal congestion	<input type="checkbox"/> Difficult to smell or taste			

If you have any of the following conditions, please tick ✓ the box next to the condition you have

5	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Asthma	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Cancer	D
	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> Taking immunosuppressants	<input type="checkbox"/> Pregnancy		
	<input type="checkbox"/> Any other conditions for which you have been told "coronavirus infection is likely to cause serious illness" by a doctor					

Please tick ✓ the box corresponding to your age

6	Age	<input type="checkbox"/> 0-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29	70代以上は D
		<input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-69 <input type="checkbox"/> 70-79 <input type="checkbox"/> 80-89 <input type="checkbox"/> 90+	それ以外は E

If any of the following statements apply to you, please put a tick ✓ in the box

7	Considerations needed when being allocated an area	<input type="checkbox"/> Nursing care or assistance needed	一般/有症者受付時 アセスメントシート配布
		<input type="checkbox"/> Disability that will require consideration when living in an evacuation centre	
		<input type="checkbox"/> Accompanied by an infant	

Please select how you came to the evacuation centre

If you came by private car, please note the model and license plate number if you are the driver

8	Transport	<input type="checkbox"/> On foot <input type="checkbox"/> Private car <input type="checkbox"/> Bicycle/motorbike <input type="checkbox"/> Other()
		※If you are the driver of a private car License plate number, model and colour of car:

※ 職員 使用 欄	避難所名		評価票番号		
	区分判定	A 重度有症者	→(移送) 自家用車待機 A区分待機場所		
		B 症状のない濃厚接触者(疑いを含む)	→(移送) 自家用車待機 B区分待機場所(公用車内)		
		C 軽度有症者	→(有症者ゾーン) 有症者受付 C区分待機場所		
		D ハイリスク無症者	→(無症者ゾーン) 一般受付 D・E区分待機場所		
E 一般無症者 ※A~D非該当の場合					
移動先			移動送迎	不要 要 (: 頃)	
受付番号	C-	D-	E-	使用区画	