

Please fill in all of the items in the bold red box.

Sample

COVID-19 Health Questionnaire

Name (Furigana)		アブラヤ クマハチ		Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Name		ABURAYA Kumahachi			<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.				
	<input checked="" 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	37.8 °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
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 checked="" 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 checked="" 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 ✓ in the box next to the condition you have					
5	<input type="checkbox"/> Diabetes <input checked="" 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 ✓ in 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 checked="" 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 required when the area is determined	<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 checked="" 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 checked="" type="checkbox"/> Private car <input type="checkbox"/> Bicycle/motorbike <input type="checkbox"/> Other()			
		※If you are the driver of a private car, its license plate number, model and colour: Delica (Silver)			

※ 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) 有症者待機 C区分待機場所
		D ハイリスク有症者	→(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		

No need to fill in this section