| ALT用 | Daily Health Check Sheet |
|---|---|

| 月/Month | | 氏名/Name | |
|---|---|---|---|

◆ If you have any of the symptoms below, please contact your coordinator.

【Symptoms】High fever, cough, sore throat, sneeze, or any cold symptoms, loss of smell, tiredness, shortness of breathe etc.

＜Notes＞
◆ Please check your temperature everyday (even on days off).
◆ Please let your coordinator know if you have any of the symptoms mentioned above. (The same applies to anyone you live with)
◆ Please let your coordinator know imidiately if you develope any symptoms, become a close contact or take a PCR test. (The same applies to anyone you live with)
Also, please submit this form and information (listed on the back side ) to your coordinator on that day.

| 日 date | 曜 days | ↓Please check these everyday. | | | | | | ○その他の症状<br>（鼻水・鼻づまり、頭痛、下痢、吐き気や腹痛、関節痛・筋肉痛、目の充血等）<br>○伝えたいこと<br>○気になること<br>・ Any other symptoms stuffy nose, headache, diarrhea, vomitting, stomachache, joint pain, muscle pain, redness of eyes etc<br>・Any other symptoms you want to inform us of<br>・Any other concerns | 確認 Check |
|---|---|---|---|---|---|---|---|---|---|
| | | 検温結果 | 症状/Symptoms | | | | | | |
| | | 体温 Temperature | 咳 Cough | のどの痛みやくしゃみ等の風邪症状 Sore throat, Sneeze or other cold symptoms | 味やにおいを感じない loss of taste or smell | 強いだるさ tiredness | 息苦しさ shortness of breathe | | |
| 1 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | (Detail) | |
| 2 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 3 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 4 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 5 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 6 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 7 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 8 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 9 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 10 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 11 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 12 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 13 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 14 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 15 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 16 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 17 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 18 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 19 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 20 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 21 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 22 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 23 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 24 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 25 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 26 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 27 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 28 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 29 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 30 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |
| 31 | | ℃ | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | Yes ・ No | | |

◆Please send this information to your coordinator when you need to take a PCR test

| | |
|---|---|
| ① When you took the PCR. | (Example) Apr 15th (Fri) 11AM<br>When |
| ② When you will know the result of the PCR. | (Example) Apr 16th (Sat) in the morning<br>When |
| ③ Clinic (hospital) information where you took the PCR. | (Example) ○○clinic / Adress:○○○○<br>Name / Adress |
| ④ Symptoms and PCR status of anyone you live with.<br>(Your symptoms will be written on the front side) | (Example)<br>Do you live with anyone? (YES/NO)<br>Took a PCR? (YES/NO)<br>Symptoms:<br>Apr 14th (Thu) Fever 38.5℃<br>Apr 15th (Fri) Fever 38.0℃, headache<br><br>Do you live with anyone? ( YES / NO )<br>Took a PCR? ( YES / NO )<br><br>Symptoms: |
| ⑤ Health Center information | (Example)<br>○○city health center / Phone number:○○○○<br>Did you receive any phone calls from the Health Center? (YES/NO)<br>Any instructions from them: They said I have to stay home until March 24th.<br><br>Health Center Name / Phone number<br><br>Did you receive any phone calls from the Health Center? ( YES / NO )<br><br>Any instructions from them: |
| ⑥ Behavioral record (from 2 days before the symptoms) | (Example)<br>Apr 13th (Wed) ○○Junior High School<br>1st period 1-1/Mr Kato<br>2nd period 3-3/Ms Tanaka<br>3rd period Teacher's office<br>4th period 2-1/Mr Kato<br>Lunch Teacher's office/ I ate lunch with Mr Kato for about 15mins.<br>5th period 3-2/Ms Tanaka<br>Other info：I ate lunch with Mr Kato but there was a plastic guard between us.<br><br>Apr 14th (Thu) ○○Elementary School<br>○○<br>○○<br><br>Behavioral record (from 2 days before the symptoms) |