様式2

COVID19 Health Questionnaire

Name (Furigana) Name		Gender	☐Male ☐Female ☐Other

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

1	☐ I have been tested for coronavirus and am waiting for the results. ☐ I have been in close contact with someone infected with coronavirus and am currently under observation. ☐ Within the last 14 days, I have stayed in an area with coronavirus cases or met with someone from an area with coronavirus cases.	B

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	℃	37.5℃以上は A

If you have had any of the following symptoms in the last 14 days, please put a tick ✔ in the corresponding box（excluding those suffering from a chronic disease or symptoms caused by exercise）

3	☐ High fever (2° higher than usual)		☐ Heavy fatigue	☐ Breathing difficulties	A
4	☐ Sore throat	☐ Cough	☐ Runny/blocked nose	☐ Decreased sense of smell/taste	C
	☐ Headache	☐ Joint/muscle pain	☐ Nausea/vomiting	☐ Diarrhoea	

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

5	☐ Diabetes	☐ High blood pressure	☐ Asthma	☐ Dialysis	☐ Cancer	D
	☐ Heart disease	☐ Chronic obstructive pulmonary disease (COPD)		☐ Taking immunosuppressants	☐ Pregnancy	
	☐ 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	☐0-6 ☐7-12 ☐13-15 ☐16-19 ☐20-29 ☐30-39 ☐40-49 ☐50-59 ☐60-69 ☐70-79 ☐80-89 ☐90+	70代以上は D 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	☐ Nursing care or assistance needed ☐ Disability that will require consideration when living in an evacuation centre ☐ Accompanied by an infant	一般／有症者受付時 アセスメントシート配布

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	☐ On foot ☐ Private car ☐ Bicycle/motorbike ☐ 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	