Sample

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

COVID-19 Health Questionnaire

Name (Furigana)		Gender	☑Male ☐Female ☐Other
Name	ABURAYA Kumahachi		

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	37.8 ℃	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 ☐ Headache ☑ Joint/muscle pain ☐ Nausea/vomiting ☐ Diarrhoea	C

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 ☐ 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	D

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: **Delica (Silver)**

No need to fill in this section