

QUESTIONNAIRE

2020-11-01 EN3F-Front

Outbreak of Novel Coronavirus (2019-nCov) has been reported around the world.

This form is for detecting patients early and contacting persons who might have had close contact with patients.

Please fill out correctly and clearly in "ENGLISH" with "CAPITAL and BLOCK LETTERS" and in black or blue ink. Your personal information may be shared with public health center.

Have you stayed in the following prevalent regions in the past 14 days? If you were staying, please circle it.

Asia Bangladesh, Bhutan, India, Malaysia, Maldives, Nepal, Pakistan, Indonesia, Myanmar, Philippines **Europe** Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kazakhstan, Kosovo, Kyrgyz, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Ukraine, United Kingdom, Uzbekistan, Vatican **Middle east countries** Afghanistan, Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanese, Oman, Palestine, Qatar, Saudi Arabia, Turkey, United Arab Emirates **Africa** Algeria, Botswana, Cabo Verde, Cameroon, Central African Republic, Comoros, Coted'Ivoire, Democratic Republic of the Congo, Djibouti, Egypt, Equatorial Guinea, () Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Libya, Madagascar, Malawi, Mauritania, Mauritius, Morocco, Namibia, Nigeria, Republic of Congo, Rwanda, SaoTome and Principe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Tunisia, Zambia, Zimbabwe **Central and South America** Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Christopher and Nevis, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, Venezuela **North America** Canada, United States of America

Y : YES
N : NO

① NAME in Full	FIRST MIDDLE NAME	LAST NAME	
② NATIO-NALITY	③ PASSPORT No.		
④ Sex	<input type="checkbox"/> M : Male <input type="checkbox"/> F : Female	⑤ DATE of BIRTH	⑥ Arrival Date
		YEAR / MONTH / DATE	MONTH / DATE
⑦ Flight No.	AirLine code	No.	⑧ SEAT No.
			No. If crew, please write as such.

Contact Address in Japan

⑨ Postal Code

⑩ TEL If you agree to check your health using the LINE app, please enter the Japanese mobile phone number where the LINE app is installed.

Japanese mobile phone number Japanese phone number

⑪ PREFECTURE ⑫ CITY WARD

⑬ Street address, Hotel name, etc.

⑭ e-mail address

⑮ Have you had any contact with people with symptoms such as fever or cough in the past 14 days? Y: YES N: NO

⑯ Have you had any contact with infected patients in the past 14 days? Y: YES N: NO

⑰ Have you had any symptoms such as fever, cough in the past 14 days? Y: YES N: NO

⑱ Are you feeling sick? Y: YES N: NO

⑲ If yes, specify symptoms , , A: fever B: Cough C: Fatigue D: Other Symptoms ()

⑳ Are you taking any medications such as antipyretics, cold medicines or painkillers? Y: YES N: NO

㉑ Where are you staying in Japan for 14 days? A : home B : hotel C : another place ()

㉒ Do you have a way to get around without using public transport? Y: YES N: NO

※ Please describe your 14-day stay.

Visit duration (month) (day) ~ (month) (day)

Hotel name, etc.

Telephone No.

Visit duration (month) (day) ~ (month) (day)

Hotel name, etc.

Telephone No.

Any person who gives false information may be punished according to the Article 36 of the Quarantine Act. (Imprisonment of 6 months or less, or a fine not exceeding 500,000 yen)

【QUARANTINE USE】

発生地域滞在歴	地域		期間	月 日 ~ 月 日
検疫時の状況	体温		医薬品の使用	<input type="checkbox"/> A: 無 B: 有 ()
	症状 発症時期	<input type="text"/> 月 日		A: 咳 B: 咽頭痛 C: 鼻汁・鼻閉 D: 全身倦怠 E: その他 ()
検体採取日	月 日		検体番号	
検疫年月日	月 日		担当者名	
検疫所名			整理番号	

14日以内に発生地域への滞在歴がある者の場合

情報提供した自治体	
自治体担当者の所属部署・名前	
自治体担当者の連絡先	
紹介した医療機関	
医療機関担当者の所属部署・名前	
医療機関担当者の連絡先	

検疫官記入欄	A: 有症者 B: 濃厚接触者 C: 乗員	<input type="text"/>
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