Health Observation Form (COVID-19)

Musashino University

Department/Year	Dept./Major Year:		
Student Number		Name in *katakana*	
		Name	
Phone		Email	@stu.musashino-u.ac.jp

*Cold symptoms (e.g. cough, sore throat, runny nose)

Observation		Start date (Day 0)	Day 1 Day ( )	Day 2 Day ( )	Day 3 Day ( )	Day 4 Day ( )	Day 5 Day ( )	Day 6 Day ( )
Date		/	/	/	/	/	/	/
Temperature (AM)		°C	°C	°C	°C	°C	°C	°C
Temperature (PM)		°C	°C	°C	°C	°C	°C	°C
Symptoms	Cold symptoms*	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Extreme fatigue	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Remarks (e.g. checkups or tests)								

Observation		Day 7 Day ( )	Day 8 Day ( )	Day 9 Day ( )	Day 10 Day ( )	Day 11 Day ( )	Day 12 Day ( )	Day 13 Day ( )
Date		/	/	/	/	/	/	/
Temperature (AM)		°C	°C	°C	°C	°C	°C	°C
Temperature (PM)		°C	°C	°C	°C	°C	°C	°C
Symptoms	Cold symptoms*	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Extreme fatigue	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Remarks (e.g. checkups or tests)								

Observation		Day 14 Day ( )	Day 15 Day ( )	Day 16 Day ( )	Day 17 Day ( )	Day 18 Day ( )	Day 19 Day ( )	Day 20 Day ( )
Date		/	/	/	/	/	/	/
Temperature (AM)		°C	°C	°C	°C	°C	°C	°C
Temperature (PM)		°C	°C	°C	°C	°C	°C	°C
Symptoms	Cold symptoms*	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Shortness of breath	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Extreme fatigue	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
	Other	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Remarks (e.g. checkups or tests)								

- ○ If you are diagnosed with COVID-19, please remain at home after being discharged from the hospital and observe your condition for the period instructed by the doctor.
- ○ If you are suspected of having COVID-19, please observe your progress for at least 8 days since your symptoms appeared and at least 3 days after your symptoms have resolved.
- ○ Carefully check your health twice a day during the observation period and record your condition.
  Soon after you have completed the observation period, email the Health Center and attach this completed form.
- ○ If the period lasts longer than 14 days, please write the number of days in the brackets for Day ( ).

Health Center signature block

Inquiries/submission
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kenko@musashino-u.ac.jp

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