

QUESTIONNAIRE

2020-07-24 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.

Please respond to the following questions by placing a check mark (V) in the answer box that corresponds to your response and/or fill in the blank where indicated.

Have you stayed in the following prevalent regions in the past 14 days?

China, Hong kong, Macau, Taiwan, Korea, Indonesia, Singapore, Thailand, Philippines, Brunei, Viet Nam, Malaysia, Maldives, India, Pakistan, Bangladesh, San Marino, Iceland, Andorra, Italy, Estonia, Austria, Netherlands, Switzerland, Spain, Slovenia, Denmark, Germany, Norway, Vatican, France, Belgium, Malta, Monaco, Liechtenstein, Luxembourg, Ireland, Sweden, Portugal, Greece, Slovakia, Czech, Hungary, Finland, Belarus, Bosnia and Herzegovina, Poland, Latvia, Lithuania, United Kingdom, Cyprus, Croatia, Kosovo, Bulgaria, Romania, Albania, Armenia, Moldova, Montenegro, North Macedonia, Serbia, Ukraine, Russia, Azerbaijan, Kazakhstan, Tajikistan, Kyrgyz, United Arab Emirates, Iran, Israel, Oman, Qatar, Kuwait, Saudi Arabia, Turkey, Bahrain, Afghanistan, Egypt, Cote d'Ivoire, Democratic Republic of the Congo, Djibouti, Mauritius, Morocco, Cabo Verde, Gabon, Guinea-Bissau, Sao Tome and Principe, Equatorial Guinea, Ghana, Guinea, South Africa, United States of America, Canada, Antigua and Barbuda, Ecuador, Saint Christopher and Nevis, Chile, Dominica, Dominican Republic, Barbados, Panama, Brazil, Peru, Bolivia, Bahamas, Mexico, Uruguay, Honduras, Colombia, El Salvador, Argentina, Australia, New Zealand, Georgia, Iraq, Lebanese, Algeria, Eswatini, Cameroon, Senegal, Central African Republic, Mauritania, Guyana, Cuba, Guatemala, Grenada, Saint Vincent and the Grenadines, Costa Rica, Jamaica, Haiti, Nicaragua, Uzbekistan, Kenya, Comoros, Republic of Congo, Sierra Leone, Suriname, Sudan, Somalia, Namibia, Nepal, Paraguay, Palestine, Venezuela, Botswana, Madagascar, Libya, Liberia

Y
Y : YES
N : NO

① NAME in Full	FIRST MIDDLE NAME			LAST NAME		
② NATIONALITY			③ PASSPORT No.			
④ Sex	<input type="checkbox"/> M : Male <input type="checkbox"/> F : Female	⑤ DATE of BIRTH	YEAR / MONTH / DATE	⑥ Arrival Date	MONTH / DATE	
⑦ Flight No.	AirLine code No		⑧ SEAT No.	No. If crew, please write as such.		
Contact Address in Japan ※1 (If transit, please write the final destination in ⑩.)		⑩ PREFECTURE	⑪ CITY WARD	⑨ TEL without "-"	実習実施者や監理団体等で、技能実習生の健康フォローアップをLINEアプリで実施する者の携帯番号を記載してください。	
		⑫ Street address, Hotel name, etc.				
		⑬ e-mail address				

- ⑭ Have you had any contact with people with symptoms such as fever or cough in the past 14 days? Y: YES N: NO
- ⑮ Have you had any contact with infected patients in the past 14 days? Y: YES N: NO
- ⑯ Have you had any symptoms such as fever, cough in the past 14 days? Y: YES N: NO
- ⑰ Are you feeling sick? Y: YES N: NO
- ⑱ If yes, specify symptoms ' ' ' A: fever B: Cough C: Fatigue D: Other Symptoms ()
- ⑲ Are you taking any medications such as antipyretics, cold medicines or painkillers? Y: YES N: NO

If you do not live in Japan, please answer the following questions.

Visit duration _____(month)_____(day) ~ _____(month)_____(day)	⑨-⑬と同じ場合は記載不要です。
Hotel name, etc. <u>実習実施者又は監理団体が確保する宿泊施設名について記載してください。</u>	
Telephone No. <u>実習実施者又は監理団体が確保する宿泊施設と連絡がとれる電話番号を記載してください。</u>	
Visit duration _____(month)_____(day) ~ _____(month)_____(day)	B A: home B: another place (就労先) C C: nonuse of transportation
Hotel name, etc. <u>実習実施者又は監理団体が確保する宿泊施設名について記載してください。</u>	
Telephone No. <u>実習実施者又は監理団体が確保する宿泊施設と連絡がとれる電話番号を記載してください。</u>	

Mobile phone number while in Japan ※2 _____

Your schedule of departure from Japan

Departure date _____(year)_____(month)_____(day)

Departure airport / port name _____

Flight number / vessel name _____

Ministry of Health, Labour and Welfare • Quarantine Station

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)

※1 企業単独型技能実習の場合は実習実施者、団体監理型技能実習の場合は監理団体又は実習実施者について記載してください。
 ※2 ⑨の電話番号の他、個人の電話番号も可能です。

【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