

# 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<br>NAME in Full  | FIRST MIDDLE NAME  | LAST NAME  |                                |
| ②<br>NATIONALITY   | ③<br>PASSPORT No.  |  |                                |
| ④<br>Sex   | <input type="checkbox"/> M : Male<br><input type="checkbox"/> F : Female | ⑤<br>DATE of BIRTH   | ⑥<br>Arrival Date              |
|  |  | YEAR / MONTH / DATE  | MONTH / DATE                   |
| ⑦<br>Flight No.  | AirLine code   | No   | ⑧<br>SEAT No.                  |
|  |  | No.  | If crew, please write as such. |
| Contact Address in Japan ※1 (If transit, please write the final destination in ⑩.) |  | ⑨<br>TEL without "-"   | ⑪<br>CITY WARD                 |
| ⑩<br>PREFECTURE  |  | Please fill in the information the cell phone number of the person who puts healthy follow-up of the technical intern trainees into effect by a LINE application at the implementing organization and the supervising organization, etc. |                                |
| ⑫<br>Street address, Hotel name, etc.  |  |  |                                |
| ⑬<br>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.

Filling in the information is unnecessary for the same contents as ⑨-⑬.

|                  |  |
|------------------|--|
| Visit duration   | _____ (month) _____ (day) ~ _____ (month) _____ (day)  |
| Hotel name, etc. | Please fill in the information about the name of accommodation that the implementing organization or the supervising organization reserves.  |
| Telephone No.    | Please fill in the information the telephone number possible to make a contact with the accommodation that the implementing organization or the supervising organization reserves. |
| Visit duration   | _____ (month) _____ (day) ~ _____ (month) _____ (day)  |
| Hotel name, etc. | Please fill in the information about the name of accommodation that the implementing organization or the supervising organization reserves.  |
| Telephone No.    | Please fill in the information the telephone number possible to make a contact with the accommodation that the implementing organization or the supervising organization reserves. |

A: home  B: another place ( Working place )

C: nonuse of transportation

Mobile phone number while in Japan ※2 \_\_\_\_\_  
Your schedule of departure from Japan

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)

Departure date \_\_\_\_\_ (year) \_\_\_\_\_ (month) \_\_\_\_\_ (day)  
Departure airport / port name \_\_\_\_\_  
Flight number / vessel name \_\_\_\_\_

Ministry of Health, Labour and Welfare • Quarantine Station

※1 Regarding the individual-enterprise-type technical intern training, please fill in the information about the implementing organization. In case of supervising-organization-type technical intern training, please fill in the information about the supervising organization or the implementing organization.

※2 The telephone number of the individual in addition to the telephone number of ⑨ is also possible.

## 【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<br>発症時期 | <input type="text"/><br>月 日 |        | A: 咳 B: 咽頭痛 C: 鼻汁・鼻閉 D: 全身倦怠<br>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