

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?

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

Y : YES
N : NO

①	NAME in Full	FIRST MIDDLE NAME			
	LAST NAME				
②	NATIONALITY	③	PASSPORT No.		
④	Sex	⑤	DATE of BIRTH	⑥	Arrival Date
	<input type="checkbox"/> M : Male <input type="checkbox"/> F : Female		____ / ____ / ____ YEAR / MONTH / DATE		____ / ____ MONTH / DATE
⑦	Flight No.	⑧	SEAT No.		
	____ AirLine code No		____ No.	If crew, please write as such.	
Contact Address in Japan (If transit, please write the final destination in ⑫.)		⑨	TEL without "-"		
	Postal Code without "-"		____		
⑩	PREFECTURE	⑪	CITY WARD		
	____		____		
	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)
Hotel name, etc.	_____
Telephone No.	_____
Visit duration	_____ (month) _____ (day) ~ _____ (month) _____ (day)
Hotel name, etc.	_____
Telephone No.	_____

<input type="checkbox"/>	A: home B: another place ()
<input type="checkbox"/>	C: nonuse of transportation

Mobile phone number while in Japan _____

Your schedule of departure from Japan

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

Departure airport / port name _____

Flight number / vessel name _____

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	<input type="text"/>		A: 咳 B: 咽頭痛 C: 鼻汁・鼻閉 D: 全身倦怠
	発症時期	月 日		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	<input type="text"/>	A: 有症者 B: 濃厚接触者 C: 乗員
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