Report Sheet for the COVID-19　（For affected patients）

|  |  |
| --- | --- |
| Date  | mm/ dd/ yyyy |
| Department/Faculty |  |
| Position/ Student Number |  |
| Name |  |

Please describe the following: please fill in below as far as you understand.

|  |  |
| --- | --- |
| Medical Institution | 　　　　　　　　　　　　Hospital／　　　　　　 Health center |
| Diagnosis date | 　 mm/ dd/ yyyy |

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| ① Symptom progress until diagnosed (when did you experience any symptoms, body temperature, etc.)  |
| ② Status of your housemates: (symptoms of your family, presence of COVID-19) |
| ③ Activity during 2 weeks after outbreak: (work attendance, events, meeting, travel history inside Japan and overseas) |
| ④ Contact with COVID-19 patients: (history of contact and travels） |
| ⑤ Means of transportation going to workplace after 2 days prior to outbreak (work passages, breaks, washroom time, etc.: places where disinfection has taken place) |

If you have additional information other than mentioned above, please describe it, you can use additional pages.