COVID-19 Report Form（for those with symptoms）

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

Please describe the following: please fill in the boxes below to the best of your ability.

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| --- |
| 1. Symptom progression (since when did you experience any symptoms, body temperature, etc.) |
| 1. Living situation: (symptoms of your family/housemates, presence of COVID-19) |
| 1. Recent activities (two days prior to symptom onset): (work attendance, events and meeting) |
| ④　Contact with COVID-19 patients: (history of contact and travels） |

If you have any additional information other than that mentioned above, please write and attach as additional pages to this form.