体調チェックシート

Health Condition Survey

| 氏名 name | 訪問先 Laboratory to visit | 年 year | 月 month | あたなは濃厚接触者ですか? Have you had close contact with Covid 19 positives in the last two weeks? |
|------------|----------------------------|-----------|------------|---|
| | | | | No / Yes |

COVID-19の流行に際して、来所2週間前から健康状態をチェックが求められております。

来所されるユーザーの皆様にはお手数をおかけしますが、流行下でも共同利用施設として供用を継続するために不可欠ですので、

ご協力お願いいたします。また来所後も継続して体調チェックをお願いしております。

We have to survey your health condition during the last 2 weeks before your visit to IMS due to a pandemic outbrake of COVID-19. This is essential to continue ourjoint research program. Please continue checking your health condition during your stay in IMS. Thank you for your cooperation.

| | | 来所2週前/2 weeks before visiting to IMS | | | | | | | |
|-------------------|----------------|--------------------------------------|---------|-----------|----------|--------|----------|--------|-------------------------------------|
| 且付/data (MM/DD) | | 月 | 火 | 水 | 木 | 金 | ± | 日 | 例 |
| 項目 /check point | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | example |
| 体調 condition | + : good | | | | | | | | |
| | ±: not so well | | | | | | | | * |
| | -: bad | | | | | | | | |
| 体温 temperature | °C | | | | | | | | 38.5 °C |
| コメント comments* | | | | | | | | | 咳、味がしない等。 no smell, cough,etc |

^{*} Consider if you get caugh or loose your sense of taste or smell.

| | | 来所1週前 / 1 week before visiting to IMS | | | | | | | | |
|-------------------|----------------|---------------------------------------|---------|-----------|----------|--------|----------|--------|--|--|
| 日付/data (MM/DD) | | 月 | 火 | 水 | 木 | 金 | ± | 日 | | |
| 項目 /check point | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
| 体調 condition | +:good | | | | | | | | | |
| | ±: not so well | | | | | | | | | |
| | ─: bad | | | | | | | | | |
| 体温 temperature | °C | | | | | | | | | |
| コメント comments* | | | | | | | | | | |

「体調チェックシート」の提示要請があった場合に速やかにご提示下さい。 皆様のご理解とご協力をお願い致します。

If you are asked to present your "Health Condition Survey," please comply with the request promptly. We appreciate your understanding and cooperation.