

Health checklist

Date entered : Year Month Day

Name		Number/ Team name	
Date of birth	Year Month Day	Sex	Male · Female
Address	〒 —		
Phone No		Body temperature	() °C

● Presence or absence of the following matters within 14 days

fever above normal	<input type="checkbox"/> ない <input type="checkbox"/> ある
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cough, sore throat	<input type="checkbox"/> ない <input type="checkbox"/> ある
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Tiredness (fatigue) and shortness of breath (dyspnea)	<input type="checkbox"/> ない <input type="checkbox"/> ある
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Abnormalities of smell and taste	<input type="checkbox"/> ない <input type="checkbox"/> ある
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Contact with a person who has tested positive for COVID-19	<input type="checkbox"/> ない <input type="checkbox"/> ある
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If there is a suspected infection among family members or close acquaintances living together	<input type="checkbox"/> ない <input type="checkbox"/> ある
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In the past 10 days, if you have traveled to a country, region, etc. where the government has imposed immigration restrictions or an observation period after entry, or have had close contact with a resident of the country.	<input type="checkbox"/> ない <input type="checkbox"/> ある
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※We will strictly store the information you have filled out, but if an infection is found in a participant or person involved in the event, we will report it to the public health center, city, prefecture, etc., and use it to prevent the spread of infection.

※This is an excerpt from the guidelines of the Japan Sports Agency.