

Health Questionnaire (Voluntary Quarantine)

Name ()

Age () Sex (M • F)

Student / Employee No. ()

Faculty / Department etc. ()

Daytime contact number (Mobile Telephone etc.)

()

Area of Residence ()

Reason for voluntary quarantine

(Infected family member • Other close contact)

Date voluntary quarantine began ()

Symptoms and (highest) body temperature

	Body temperature (°C)	Symptoms				
		Runny/stuffed nose	Sore throat	Cough	Chill	Joint pain
Day of quarantine		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
2nd day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
3rd day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
4th day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
5th day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
6th day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
7th day		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

In the event that symptoms appear during the period of voluntary quarantine, please contact the Kyoto University Health Service via the General Affairs Department (tel. 075-753-2405、FAX 075-753-2424) and submit this questionnaire.

If it is necessary due to unavoidable circumstances to attend the university during the 96 hour voluntary quarantine period, please submit this questionnaire to the Kyoto University Health Service via the General Affairs Department prior to attending the university.