

QUESTIONNAIRE

Outbreak of Novel Coronavirus (2019-nCov) has been reported in China.

This form is for detecting patients early and contacting persons who might have had close contact with patients.

Please fill out correctly and clearly in "ENGLISH" with "CAPITAL and BLOCK LETTERS" and in black or blue ink.

Your personal information may be shared with public health center.

Please respond to the following questions by placing a check mark (v) in the answer box that corresponds to your response and/or fill in the blank where indicated.

YES

NO

Have you stayed in Hubei Province, China in the past 14 days?

① NAME in Full	FIRST / MIDDLE NAME																
	LAST NAME																
② NATIO- NALITY									③ PASSPORT No.								
④ Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	⑤ DATE of BIRTH	YEAR		MONTH		DAY		⑥ Arrival Date	MONTH		DAY				
⑦ Flight No.	AirLine Code	No.				⑧ SEAT No.			If crew, please write as such.								
Contact Address in Japan (If transit, please write the final destination in ⑫.)																	
										⑨ TEL Without "-"							
⑩ PREFECTURE				⑪ CITY				WARD									
⑫ Street address, Hotel name, etc.																	
⑬ e-mail address																	

- ⑭ Have you stayed in Wuhan City, China in the past 14 days? YES NO
- ⑮ Have you had any contact with people with symptoms such as fever or cough in the past 14 days? YES NO
- ⑯ Have you had any contact with infected patients in the past 14 days? YES NO
- ⑰ Are you feeling sick? YES NO
- ⑱ If yes, specify symptoms (fever Cough Fatigue Other Symptoms ())
- ⑲ Are you taking any medications such as antipyretics, cold medicines or painkillers? YES NO

If you do not live in Japan, please answer the following questions.

Visit duration	_____ (month) _____ (day) ~ _____ (month) _____ (day)
Hotel name, etc.	_____
Telephone No.	_____
Visit duration	_____ (month) _____ (day) ~ _____ (month) _____ (day)
Hotel name, etc.	_____
Telephone No.	_____

Mobile phone number while in Japan _____

Your schedule of departure from Japan

Departure date _____ (year) _____ (month) _____ (day)

Departure airport / port name _____

Flight number / vessel name _____

Any person who gives false information may be punished according to the Article 36 of the Quarantine Act. (Imprisonment of 6 months or less, or a fine not exceeding 500,000 yen)

【QUARANTINE USE】

○発生地域滞在歴 地域() 期間()	
○検疫時の状況 体温(°C) 医薬品の使用 無・有()	
<input type="checkbox"/> 咳 <input type="checkbox"/> 咽頭痛 <input type="checkbox"/> 鼻汁・鼻閉 <input type="checkbox"/> 全身倦怠 発症時期()	
その他()	
迅速診断キット() 陰性 陽性()	
特記事項()	
検疫年月日: 年 月 日 時 分	担当者名:
検疫所名:	整理番号:

14日以内に湖北省への滞在歴がある者の場合

情報提供した自治体	
自治体担当者の所属部署・名前	
自治体担当者の連絡先	

紹介した医療機関	
医療機関担当者の所属部署・名前	
医療機関担当者の連絡先	

検疫官記入欄		
<input type="checkbox"/> 有症者	<input type="checkbox"/> 濃厚接触者	<input type="checkbox"/> 乗員