Checklist **Student ID no./ Employee ID no. ( ) Name ( )**

 **Faculty/ Department ( )**

Check your body temperature twice a day and if you have any symptoms, please mark ✓ in the fields.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Month** |  | 　 |  |  |  |  |  |  | 　 |  |
| Date | Day of a week | Body temperature | Respiratory symptoms | Non-respiratory symptoms | Loss of taste/ Loss of smell |
| AM | PM | Cough | Shortness of breath | Sore throat | Fatigue | Sore joints and muscles | Diarrhoea / Nausea | Headache |
| 1 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 2 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 3 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 4 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 5 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 6 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 7 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 8 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 9 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 10 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 11 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 12 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 13 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 14 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 15 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 16 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 17 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 18 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 19 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 20 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 21 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 22 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 23 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 24 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 25 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 26 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 27 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 28 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 29 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 30 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |
| 31 |  | 　℃　 | 　℃　 |  |  |  |  |  |  |  |  |

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