

Checklist \* If you visit a hospital, please bring this form.

Student ID no./ Employee ID no. ( ) Faculty/ Department ( ) Name ( )

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

1<sup>st</sup> week

	Date	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
	Symptoms	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	
AM	Body temperature	°C	°C	°C	°C	°C	°C	°C	
	Cough								
	Sore throat								
	Shortness of breath								
	Fatigue								
	Sore joints and muscles								
	Diarrhoea / Nausea								
	Headache								
	Loss of taste/ Loss of smell								
	Others								
	PM	Body temperature	°C	°C	°C	°C	°C	°C	°C
		Cough							
Sore throat									
Shortness of breath									
Fatigue									
Sore joints and muscles									
Diarrhoea / Nausea									
Headache									
Loss of taste/ Loss of smell									
Others									
Gakushuin Women's College Nurse's office e-mail:gwc-hlth@gakushuin.ac.jp									

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

2<sup>nd</sup> week

	Date	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
	Symptoms	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	
AM	Body temperature	°C	°C	°C	°C	°C	°C	°C	
	Cough								
	Sore throat								
	Shortness of breath								
	Fatigue								
	Sore joints and muscles								
	Diarrhoea / Nausea								
	Headache								
	Loss of taste/ Loss of smell								
	Others								
	PM	Body temperature	°C	°C	°C	°C	°C	°C	°C
		Cough							
Sore throat									
Shortness of breath									
Fatigue									
Sore joints and muscles									
Diarrhoea / Nausea									
Headache									
Loss of taste/ Loss of smell									
Others									
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