

# QUESTIONNAIRE

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

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.

## Have you stayed in the following prevalent regions in the past 14 days?

China, Hong Kong, Taiwan, Korea, Australia, New Zealand, Indonesia, Singapore, Thailand, Philippines, Brunei, Viet Nam, Kosovo, Malaysia, U.S.A, Canada, Ecuador, Chile, Dominica, Panama, Brazil, Bolivia, San Marino, Iceland, Andorra, Italia, Estonia, Moldova, Austria, Netherland, Swiss, Spain, Slovenia, Denmark, Germany, Norway, Vatican, France, Belgium, Malta, Monaco, Albania, Rumania, Liechtenstein, Luxembourg, Ireland, Sweden, Portuguese, Greece, Slovakia, Czech, Hungary, Finland, Poland, Latvia, Lithuania, UK, Cyprus, Croatia, Bulgaria, Romania, Armenia, Montenegro, North Macedonia, Serbia, Iran, Egypt, Israel,  YES  
Democratic Republic of the Congo, Bahrain, Morocco, Cote d'Ivoire, Turkey, Bosnia and Herzegovina, Mauritius, Bulgaria  NO

① NAME in Full	FIRST / MIDDLE NAME															
	LAST NAME															
② NATIO- NALITY							③ PASSPORT No.									
④ Sex	<input type="checkbox"/>	<input type="checkbox"/>	⑤ DATE of BIRTH			/			⑥ Arrival Date			/				
⑦ Ship's Name							⑧ SEAT/ROOM 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 had any contact with people with symptoms such as fever or cough in the past 14 days?  YES  NO
- ⑮ Have you had any contact with infected patients in the past 14 days?  YES  NO
- ⑯ Are you feeling sick?  YES  NO
- ⑰ If yes, specify symptoms (  fever  Cough  Fatigue  Other Symptoms ( ) )
- ⑱ 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. \_\_\_\_\_

home  another place ( )

nonuse of transportation

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日以内に発生地域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

有症者  濃厚接触者  乗員