

Self-Health Checklist

Student ID no./Employee ID no. _____

Faculty/Department _____

Name _____

Age() Sex(Male · Female)

Date : January 23rd Fri → 1/23(Fri.) Body Symptoms. Please circle your answer. (yes / no)

Date	/ ()	/ ()	/ ()	/ ()	/ ()
am	Body temperature ()°C				
	Congestion/sneezing (yes / no)				
	Coughings (yes / no)				
	Phlegm (yes / no)				
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Rashes (yes / no)				
	etc. ()				
pm	Body temperature ()°C				
	Congestion/sneezing (yes / no)				
	Coughings (yes / no)				
	Phlegm (yes / no)				
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Rashes (yes / no)				
	etc. ()				

Date	/ ()	/ ()	/ ()	/ ()	/ ()
am	Body temperature ()°C				
	Congestion/sneezing (yes / no)				
	Coughings (yes / no)				
	Phlegm (yes / no)				
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Rashes (yes / no)				
	etc. ()				
pm	Body temperature ()°C				
	Congestion/sneezing (yes / no)				
	Coughings (yes / no)				
	Phlegm (yes / no)				
	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)	Shortness of breath (yes / no)
	Rashes (yes / no)				
	etc. ()				

※ If you have fever (≥ 37.5 degrees) and respiratory symptoms (cough, sputum, shortness of breath, etc.) Please contact below.

【Contact】

Chiba University

Health and Safety Organization

Nurse room Tel.043-290-2214(Extension 2214)

[Email info-hsc@office.chiba-u.jp](mailto:info-hsc@office.chiba-u.jp)