

Year

Class

Number

Name

<Home> If you have even one of the following symptoms, please rest at home (treated as suspension from school)
In that case, please contact the school without fail

<School> If you have one of the following symptoms:

Temperature check by teacher in separate room

☞ Homeroom teacher contacts guardian to inform them of return from school (treated as suspension)

[Symptoms] Slight fever (higher than usual), high fever (37.5°C or above), coughs, cold symptoms such as throat pain or sneezing etc (or others), loss of taste or smell, strong feelings of tiredness or shortness of breath

< Notes >

◆ Carry out the health check even on days you do not attend school

※ Please carry out the check on Sat/Sun if you attend school on that day

◆ If you have a high fever (approx 37.5°C or above), strong feelings of tiredness or shortness of breath, loss of taste or smell, or if cold symptoms or a slight fever (higher than normal) are continuing (including if you have intermittent symptoms or are taking anti-fever medication) please consult a medical institution

Date	Day	Applicable Symptoms (If showing even one symptom, please have the student rest at home)							Other symptoms (Runny/blocked nose, headache, diarrhea, nausea or stomach ache, joint or muscle aches, bloodshot eyes) ○ Things to tell ○ Items of concern	Check
		Temperature Result	Slight Fever (Higher than normal) or High Fever (Approx. 37.5°C or higher)	Cough	Cold symptoms such as throat pains, sneezing (or others)	Loss of taste or smell	Strong feelings of tiredness	Shortness of breath		
1	Tues	°C	Yes	Yes	Yes	Yes	Yes	Yes	(Please write in detail)	
			No	No	No	No	No	No		
2	Wed	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
3	Thurs	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
4	Fri	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
5	Sat	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
6	Sun	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
7	Mon	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
8	Tues	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
9	Wed	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
10	Thurs	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
11	Fri	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
12	Sat	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		

Date	Day	Applicable Symptoms (If showing even one symptom, please have the student rest at home)							<input type="checkbox"/> Other symptoms (Runny/blocked nose, headache, diarrhea, nausea or stomach ache, joint or muscle aches, bloodshot eyes) <input type="checkbox"/> Things to tell <input type="checkbox"/> Items of concern	Check
		Temperature		Cough	Cold symptoms such as throat pains, sneezing (or others)	Loss of taste or smell	Strong feelings of tiredness	Shortness of breath		
		Result	Slight Fever (Higher than normal) or High Fever (Approx. 37.5°C or higher)							
13	Sun	°C	Yes	Yes	Yes	Yes	Yes	Yes	(Please write in detail)	
			No	No	No	No	No	No		
14	Mon	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
15	Tues	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
16	Wed	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
17	Thurs	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
18	Fri	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
19	Sat	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
20	Sun	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
21	Mon	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
22	Tues	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
23	Wed	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
24	Thurs	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
25	Fri	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
26	Sat	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
27	Sun	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
28	Mon	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
29	Tues	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		
30	Wed	°C	Yes	Yes	Yes	Yes	Yes	Yes		
			No	No	No	No	No	No		