

### Self-check Sheet

※Record your body temperature, symptoms and whether you went out twice a day. Submit the paper the day you go back to school.

※If your temperature stays above 37.5°C for more than 2 days, please contact the school:

TEL: 03-5804-5811 E-mail: [soudan@arc.ac.jp](mailto:soudan@arc.ac.jp)

Student ID: ..... Name: .....

| Date   |       | Temperature check (AM・PM) |                   | Symptoms  | Going out  |
|--------|-------|---------------------------|-------------------|---|--|
| Day 1  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 2  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 3  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 4  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 5  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 6  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 7  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 8  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 9  | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 10 | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 11 | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 12 | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 13 | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |
| Day 14 | / ( ) | _____°C<br>:_____         | _____°C<br>:_____ | <input type="checkbox"/> cough <input type="checkbox"/> phlegm <input type="checkbox"/> difficult breathing<br><input type="checkbox"/> weariness <input type="checkbox"/> Other( ) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Where to _____ |

|    |    |    |
|----|----|----|
| 確認 | 確認 | 備考 |
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