

Health Condition Checklist

●Please check only one that is most applicable.

fever	<input type="checkbox"/> comes and goes <input type="checkbox"/> continuous high (or slight) fever body temperature(°C) Since when have you had the symptom? before()days or day() month() ~ day()month()
cough or sputum	Since when have you had the symptom? before()days or day() month() ~ day()month()
fatigue	Since when have you had the symptom? before()days or day() month() ~ day()month()
diarrhea	<input type="checkbox"/> watery <input type="checkbox"/> muddy <input type="checkbox"/> loose <input type="checkbox"/> bloody <input type="checkbox"/> more than ten times in a day <input type="checkbox"/> less than ten times in a day Since when have you had the symptom? before()days or day() month() ~ day()month()
stomach ache	Since when have you had the symptom? before()days or day() month() ~ day()month()
yellowing of the eyes	Since when have you had the symptom? before()days or day() month() ~ day()month()
abnormality of the urinary organs	<input type="checkbox"/> urination pain <input type="checkbox"/> urethra pain <input type="checkbox"/> bloody urine <input type="checkbox"/> sticky urine Since when have you had the symptom? before()days or day() month() ~ day()month()
abnormality of the skin	<input type="checkbox"/> skin boil <input type="checkbox"/> skin rash. <input type="checkbox"/> skin blister <input type="checkbox"/> skin fester Since when have you had the symptom? before()days or day() month() ~ day()month()
abnormality of the other parts	abnormal matter() Since when have you had the symptom? before()days or day() month() ~ day()month()

●In case of having above-mentioned symptom, what was applicable action in your travel?

water and food in the country	<input type="checkbox"/> I drank unboiled water. <input type="checkbox"/> I drank water of lake or river. <input type="checkbox"/> I drank a drink with ice. <input type="checkbox"/> I ate unheated food including vegetables and fruits. <input type="checkbox"/> I ate street food.
insect bite	<input type="checkbox"/> mosquito bite <input type="checkbox"/> tick bite <input type="checkbox"/> other insect bite
animal	<input type="checkbox"/> I was bitten by animals. kind() <input type="checkbox"/> I touched animals. kind() <input type="checkbox"/> I got near to animals. kind()
play in the water	<input type="checkbox"/> I entered a lake or a river. <input type="checkbox"/> I swam in a lake or a river. <input type="checkbox"/> I touched water of a lake or a river. <input type="checkbox"/> I did something with a boat in a lake or a river.
People around you	<input type="checkbox"/> There were people who felt bad around you. Contents of the disease()
in case that you have something	<input type="checkbox"/> contents: ()
treatment in the country	<input type="checkbox"/> treatment for malaria <input type="checkbox"/> bleeding treatment with a needle and etc. <input type="checkbox"/> others

●vaccination before traveling

Vaccination and preventive medicine	<input type="checkbox"/> hepatitis A <input type="checkbox"/> hepatitis B <input type="checkbox"/> tetanus <input type="checkbox"/> measles <input type="checkbox"/> rabies <input type="checkbox"/> Japanese encephalitis <input type="checkbox"/> polio <input type="checkbox"/> yellow fever <input type="checkbox"/> others <input type="checkbox"/> preventive medicine for malaria
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(Please bring your record of a vaccination if you have it in time of medical examination.)

※If you have any symptoms, you should go to an outside medical institution. When you have the medical examination, you will call the institution and tell a doctor that you have voyage experiences and the applicable contents of above-mentioned checklist.

※You have to wear a mask when you have a cough.

(the source : FORTH home page of a quarantine station of the Ministry of Health, Labor and Welfare <http://www.forth.go.jp/>)
 Health Administration Center of Yamaguchi University (2016.4)