Health Condition Checklist

•Please check only one that is most applicable,

or lease or look or ily c	of that is most applicable.		
	□comes and goes □continue high (or slight) fever		
□have a fever	temperature (°C)		
	Since when have you had the symptom? before () days or		
	$day() month() \sim day() month()$		
☐ have a cough			
or phlegm	$day() month() \sim day() month()$		
☐feel tired	Since when have you had the symptom? before () days or		
	$day($ $)$ month($)$ \sim $day($ $)$ month($)$		
□have a diarrhea	□like water □like a state of mud □a loose stool □blood in your		
	stool		
	□more than ten times in a day □less than ten times in a day		
	Since when have you had the symptom? before () days		
	or day() month() \sim day() month()		
□ have a	Since when have you had the symptom? before () days or		
stomachache	$day() month() \sim day() month()$		
☐ your eyes are	Since when have you had the symptom? before () days or		
yellow	$day() month() \sim day() month()$		
	☐ I have painful when you urinate. ☐ I have painful of the urethra. ☐		
□abnormal of the	blood is mixed in my urination. □Urine is sticky.		
urinary organs	Since when have you had the symptom? before () days or		
armary organic	$day() month() \sim day() month()$		
	\Box I have boil(s). \Box I have a rush. \Box I have blister(s). \Box My skin fester.		
□abnormal of the	Since when have you had the symptom? before () days or		
skin	day() month() \sim day() month()		
	contents of the abnormal		
☐ abnormal of other parts			
	Since when have you had the symptom? before () days or		
Oti ici pai ts	day() month() \sim day() month()		
	day(/ month) day(/ month)		
•In case of having ah	pove-mentioned symptom, please check items if you apply your action in a trave		
On rease of riaving an			
atar arad faadin			
water and food in			
the country	□ at unheated food including vegetables and fruits. □ at at a food of a		
sting	street vendor's stall.		
	□I was bitten by a mosquito. □I was bitten by a tick. □I was bitten by		
	other insects.		
animal	□I was bitten by animals. kind (
	□ I touched animals. kind ()		
	□I approach animals. kind ()		
Play in the water	\square I entered the lake or the river. \square I swam in the lake or the river. \square I		
	touched water of the lake or the river.		
	□ I did something with a boat or something in the lake or river.		
in case that you	□(contents:		
have something	J		
People around	□There were people who felt bad around me.		
you	Contents of the disease (

treatment in the	□treatment for malaria	□bleeding treatment with a needle and so on		
country	□others			
•a vaccination before traveling				
a vaccination and preventive medicine	□hepatitis A □hepatit	is B □tetanus □measles □rabies □		
	Japanese encephalitis			
	□polio □yellow fever	□others □preventive medicine for		
	malaria			

(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 before and tell a doctor that you have voyage experiences and the applicable contents of above-mentioned checklist.

XYou 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 $\frac{\text{ht}}{\text{tp://www.forth.go.jp/}}$

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