Appendix 1

**A Self-check Sheet on your Physical Conditions**

Date　　　　　　　　　Year　 　Month　　 Day

Student number/Staff number

Name

**※Please check following items every day. If your answer is applicable even one item, students have to report to a tutor by e-mail etc. (You have to check every morning after reporting, and if you are applicable, then you have to report every day. Although when you recover, you have to check every day.) Teachers who is received the report from students or if teachers themselves are applicable, please send the Appendix1 to** **hlth-mngmnt-isl@ml.hiroshima-u.ac.jp** **by e-mail.**

Please answer the following questions.

Q1 What is your body temperature now? Please tick the relevant box.

□ a) Less than 37.5°C/99.5°F

□ b) 37.5°C/99.5°F or above

If you have ticked (b) above, you are bound to stay home for two weeks.

Q2 Please choose all the symptoms you have; please tick all the relevant box.

□ malaise

□ coughing and/or breathing difficulties

□ sore throat

□ fever and/or headaches

□ taste and/or smell problems

If you have ticked any of the boxes above, you are bound to stay home for two weeks.

Q3 If you have your family members living under the same roof, is there anyone who is with any of the following symptoms\*? If you are the sole occupant in your house, please choose ‘No’ below.

\*Malaise, coughing or breathing difficulties, sore throat, fever/headaches.

Please tick the relevant box.

□ Yes

□ No

If you have ticked any of the symptoms above, you are bound to stay home for two weeks.