



新型コロナウイルス感染症に関する確認シート

以下の項目に該当する方は、来館をお控えください。

- * 咳やくしゃみなど風邪の症状が続いている方（軽い症状の方も含む）
- * 過去 48 時間以内に熱があった方。
- * 強いだるさ（倦怠感）や息苦しさがある方。
- * 咳、痰、胸部不快感のある方。
- * 味覚・嗅覚に少しでも違和感のある方。
- * 新型コロナウイルス感染症陽性とされた者との濃厚接触がある方。
- * 過去 14 日以内に、政府から入国制限、入国後の観察期間を必要と発表されている国・地域等への渡航、並びに当該在住者との濃厚接触がある方。
- * 身内や身近な接触者に上記の症状がみられる方、該当する点がある方

上記に、該当する項目があります。 いいえ はい ご記入日： 月 日

お子様氏名： _____ 体温： _____ °C 同伴者様体温： _____ °C

Check Sheet Concerning COVID-19

We ask that you review the items below and, if any apply, we request that you refrain from using HILLS SPA facilities until you have confirmed that you are in good health.

- Are coughing, sneezing or experiencing other cold-like symptoms (including mild symptoms).
- Have had a fever within the last 48 hours.
- Are feeling particularly sluggish or fatigued, or you are having trouble breathing.
- Are coughing, having phlegm, or experiencing chest discomfort.
- Are experiencing anything out of the ordinary with your senses of taste or smell.
- Have been in close contact with anyone who has tested positive for COVID-19.
- Have travelled to any countries or regions on which the government has imposed restrictions on entry into Japan or any countries or regions for which the government requires people to submit to a period of observation after arrival in Japan, and/or have had close contact with the citizens of such countries or regions.
- Have had close contact with relatives or others who have displayed the above symptoms or fall into any of the categories detailed above.

One or more items above apply for me. No Yes

Student Name: _____ Date (MM/DD): _____ / _____

Body Temperature: _____ °C Companion's temperature: _____ °C