

# COVID-19 Questionnaire

2022.9.20

(Submit to the container  
in front of the office entrance)

When you enter Nishizawa Center for the first time since May 20th (reopening), submit this questionnaire. For the users from outside of the university or outside Miyagi prefecture, the submission of the questionnaire is required every time. Before entering the cleanroom, come to the office on the 3rd floor to confirm your condition. Bring your own pen with you.

Date: 2023.\_\_\_\_\_. \_\_\_\_\_

Affiliation, lab name : \_\_\_\_\_

Name : \_\_\_\_\_

Body temp. : \_\_\_\_\_ °C      Time when temperature was measured : \_\_\_\_\_

	Questionnaire	Answer	
		Yes	No
1	Have you or a family member living with you been with a person infected with COVID-19 within 3 days?	Yes	No
2	Within 6 days, did you eat, drink, or congregate in a poorly ventilated, enclosed area (karaoke bar, live music club, etc.)? Ridden a crowded train or bus without a mask?	Yes	No
3	Did you stay abroad within 6 days? If yes, please check here if you have received 3 or more vaccines. <input type="checkbox"/>	Yes	No
4	Within the past 9 days, did anyone in your family living with you have cold symptoms?	Yes	No

1	fever(>37.0° C)		7	sore throat	
2	cough		8	myalgia	
3	fatigue		9	phlegm	
4	loss of appetite		10	headache	
5	breathlessness		11	nausea	
6	loss of smell or taste		12	diarrhea	

Reference : Tohoku Medical and Pharmaceutical University Hospital [http://www.hosp.tohoku-mpu.ac.jp/data/top/covid\\_questionnaire.pdf](http://www.hosp.tohoku-mpu.ac.jp/data/top/covid_questionnaire.pdf)

I understand the measure to avoid COVID-19 infections at Nishizawa Research Center and obey it.