

# Health observation sheet

Sample

Days (Month/Day) : 4 / 20 to 4 / 26

Name: \*\*\*\*\*

Day of week		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Whereabouts		Hiroshima city	Hiroshima city	Hiroshima city	Hiroshima city	Hiroshima city	Hukuyama city	Hiroshima city
Thermometry	A.M.	8 : 40	8 : 40	8 : 40	8 : 40	8 : 40	8 : 40	8 : 40
	Temperature *	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C
	P.M.	21 : 00	21 : 00	21 : 00	21 : 00	21 : 00	21 : 00	21 : 00
	Temperature *	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C	36 . 6 °C
Respiratory symptoms	Cough	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
	Sore throat	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
	Dyspnea	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
	Runny nose	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
	Olfactory, taste disturbance	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
Others	Headache	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
	Fatigue	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No	Yes / <input checked="" type="radio"/> No
Action history (Affair, destination, time, visitors, etc.)		Meeting Seminar room 13: 00-14: 00 with △△	Part time job <input type="checkbox"/> <input type="checkbox"/> store 18: 00-20: 00	Food, daily necessities purchase <input type="radio"/> <input type="radio"/> supermarket 14: 00-16: 00	Part time job <input type="checkbox"/> <input type="checkbox"/> store 18: 00-20: 00	Supper XX shop 19: 00-21: 00 with △△	Travel Fukuyama city 9:00- JR Hiroshima Station 10:15	Return home JR Fukuyama Station 14:35
<p>Please note the following:</p> <ul style="list-style-type: none"> <li>● If you don't have a thermometer, you don't need to write your temperature in the temperature column. Instead, if you feel feverish, please note this in the temperature column.</li> <li>● In the action history column, please note your recent activities as best you can remember as this information may be needed later. If you record your activities in a diary, etc., you don't need to fill in this column.</li> </ul>								

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