

PRE-EXAMINATION FORM FOR COVID-19 PCR TEST

First Name		Last Name			
Name			Sex	D. O. B.	DD / MM / YY (years old)
Japanese			M · F		
Tel.			e-mail	Please write down your e-mail address.	
Occupation				@	
Address	Country:				
Temp.	°C				
<p>◆ Have you had a fever over 37.5°C in the past week? Yes No</p> <p>◆ Have you had a cough in the past week? Yes No</p>					
<p>◆ Have you ever had a fever? Yes No</p> <p>◆ Have you ever had a cough with suspected COVID-19? Yes No</p> <p>◆ Have you ever had taste disorder ? Yes No</p> <p>◆ Have you ever had a fatigue feeling or tiredness ? Yes No</p> <p>◆ Have you ever had a chest pain or chest tightness? Yes No</p> <p>◆ Which country will you travel?</p> <p style="margin-left: 20px;">· Country name</p> <p style="margin-left: 20px;">· A length of time</p> <p>◆ Have you ever taken PCR examination due to the suspected infection of COVID-19? Yes No (If yes, please describe the result positive or negative and the date) () month day · Country name · A length of time</p> <p>◆ Have you ever had a close contact with COVID-19 patients or person with suspected COVID-19? Yes No (If yes, please describe the date and the relationship with the person) · Date (around when)</p>					
<p>◆ Do you need a certificate of test results? Yes No</p> <p>◆ Please indicate your name and passport number if you need the document in English (please fill in full name as it appears on your passport) NAME() Passport number()</p>					