The 74th Annual Congress of the Japan Society of Obstetrics and Gynecology

Health Declaration Form

All on-site participants should compete the form in advance and submit to 1F, Fukuoka International Congress Center.

Date :			
Name		TEL (mobile)	
Affiliation		Country	
Attendance date	🗆 Aug. 5 (Fri.)	🗌 Aug. 6	(Sat.) 🗆 Aug. 7 (Sun.)
Covid-19 negative proof	PCR Test (Negative) An	tigen Test (Negat	ive) 🗆 Vaccinated (🗆 Twice 🗆 3 times)

[Declaration 1] within past 5 days

* If you had a conversation for 15 minutes or more without taking the necessary infection-prevention measures, at a distance of 1 meter.

Have you been in close in-person contact with a confirmed COVID-19 patient? $*$	🗆 Yes	□ No
Do you or your relatives have any of the following symptoms; Fever, Cough,	🗆 Yes	□ No
Breathing difficulty or Other Respiratory symptoms? *		

[Declaration 2] Present health condition

Do you have a fever of 37.5 degrees or higher, or 1 degree higher than normal temperature?	🗆 Yes	□ No
Do you have symptoms such as Fever, Cough, or Breathing difficulty?	🗆 Yes	□ No
Do you have taste or smell impairment?	🗆 Yes	□ No

XIf any one of the above items corresponds to Yes, or symptoms of declaration 2 occurs during the congress, report to the congress secretariat and follow the instructions.

* Personal details on this form may be submitted to public health authorities to assist them in contact tracing. All personal information collected is confidential and will only be used to assist public health authorities in preventing further spread of the novel coronavirus.