

# Health Declaration Form

Please complete the form in advance and submit at the meeting venue on the first day of your attendance.

**[Place of submission] Reception desk on the 2nd floor of the conference center**

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Please answer the situation two weeks before your visit.

① Do you have a fever of 37.5 degrees or higher?	Yes · No
② Do you have symptoms such as Fever, Cough, or Breathing difficulty?	Yes · No
③ Do you have taste or smell impairment?	Yes · No
④ Do your relatives living together have symptoms such as Fever, Cough, Breathing difficulty or Other Respiratory symptoms?	Yes · No
⑤ Have you been in close in-person contact with a confirmed COVID-19 patient?	Yes · No
⑥ Vaccination <input type="checkbox"/> Vaccinated ( <input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> 3 times <input type="checkbox"/> 4 times) <input type="checkbox"/> Unvaccinated	
⑦ Attendance dates <input type="checkbox"/> Thursday, Dec. 15 <input type="checkbox"/> Friday, Dec. 16 <input type="checkbox"/> Saturday, Dec. 17	
⑧ Mobile phone number in Japan (in any)	(      —      —      )
⑨ E-mail Address	_____
⑩ Country of Citizenship	_____

Signature \_\_\_\_\_

- \* 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.