

Date : _____year_____month ____day

【Questions about new coronavirus infections】

Name _____

Please answer these questions as honestly as possible.

Attendant is also required to answer following questions.

- 1) Your present temperature (°C)

- 2) Do you have a cough presently?

(Yes / No)
- 3) Do you suffer from fatigue or breathlessness at the moment?

(Yes / No)
- 4) Do you have a taste or smell disorder presently?

(Yes / No)
- 5) Have you had a fever or any cough symptoms within the last two weeks?

(Yes / No)
- 6) Do any of your family members have symptoms such as a fever or a cough?

(Yes / No)
- 7) Did you go abroad within the last two weeks? (include your direct family)

(Yes / No)
- 8) Have you been in contact with anyone from overseas within the last two weeks?

(Yes / No)
- 9) Did you go to a concert or rally within the last two weeks?

(Yes / No)
- 10) Have you been in contact with someone who is suspected of testing positive for the “coronavirus” within the last two weeks?

(Yes / No)

Hachioji Sports Orthopedic Clinic limits visitors for patients' safety.

Please note that all visitors will be screened, and no visitor will be allowed if they have symptoms.

Thank you for your understanding and co-operation.

Hachioji Sports Orthopedic Clinic