

# Health Observation Record Table (For Graduate School Entrance Examinations)

Application master's or doctoral program name : \_\_\_\_\_

Examinee No. : \_\_\_\_\_

Your name : \_\_\_\_\_

Normal body temperature ( Degrees centigrade) : \_\_\_\_\_

- 1 Record your temperature upon waking every morning in the following table.
- 2 In addition, apply a ○ to Yes or No to indicate whether you have had symptoms of cold (if you have, describe the specific symptoms) or list the symptoms in the "Other" column.  
(Note) If your runny nose, sneezing, etc. are due to allergy, you will be able to sit the examination (please enter "allergy" in the "Symptoms" column).
- 3 Be sure to bring your "Health Observation Record Table(For Graduate School Entrance Examinations)" with you on the test day.
- 4 Persons who have symptoms such as fever or coughing during the 14 days prior to and including the examination date and have not recovered by the examination date will not be able to sit the examination.  
Please consider taking a supplementary examination. (However, as described separately in "Points to Note Regarding Undertaking Examinations," examinees who have developed symptoms such as fever or coughing can still sit the examination at the examination venue depending on the result of their visit to a medical institution or health care center. Persons for whom this applies should enter the result in the table below.)  
\*Persons who have not visited a medical institution or health care center should submit a written statement to explain why not (free format).

Date (MM/DD)	Day	body temperature <input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	Symptoms of cold, etc. No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other (allergy )	Have you visited a medical institution or health care center after having had a fever? (Those who have not must submit a written statement) <input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
08/24	Mon	<input checked="" type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	○ No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other (allergy )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
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		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
Examination day		<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other ( )	/
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- ◆ If you have had a fever (or contact with an infected person), please check the option that applies to you below based on the result of visiting a medical institution or counseling by a health care center.
  - I had been infected with the new coronavirus COVID-19, but has recovered on the day of the examination after the standby period at home specified by the public health center or other. → Able to sit the examination
  - After visiting a medical institution or health care center, I was deemed not to be infected with COVID-19 (PCR test not required) and I have no symptoms on the examination date. → Able to sit the examination
  - I was instructed to take a PCR test, underwent the test, and tested negative. I have no symptoms on the examination date. → Able to sit the examination
  - It is clear that the fever and other symptoms were caused by an adverse reaction after vaccination, and I have no symptoms on the examination date. ⇒ Able to sit the examination
  - I was deemed not to need a PCR test or underwent the test and tested negative. However, I have symptoms on the examination date. → Go to "Supplementary Examination Application Form"

◆ Those for whom any of the following is applicable cannot sit for the examination. Please consider submitting an application for the supplementary examination.

<input type="checkbox"/> I am entering Japan from abroad, and still continue to standby at home as specified by the Ministry of Health, Labor and Welfare.	※Applicants have been released from the standby at home and are "allowed to go out" may take the examination after health observation.
<input type="checkbox"/> I have been deemed by a health care center and others to have come into close contact with an infected person and continue to standby at home.	
<input type="checkbox"/> I am living with a person that has tested positive with a PCR test in the past 14 days and am in quarantine at home.	

**Note 1) When applying for the supplementary examination, you will be required to submit this Record Table depending on the reason for application, so be sure to record every day.**

**Note 2) The purpose of the personal information provided on this Record Table is to confirm the health status for these examinations, and it will not be used for any other purpose.**