

To all Examinees for Graduate School Entrance Examinations

Points to Note Regarding Undertaking Examinations for Prevention of Spread of New Coronavirus COVID-19 Infections

University of Tsukuba

The following precautions will be taken during examinations at examination venues to prevent spread of the new coronavirus COVID-19, so be sure to take note of them.

Continue to observe the basic day-to-day infection countermeasures, such as observing hand-washing, disinfecting your hands, coughing etiquette, maintaining distance from people, and avoiding the three conditions that facilitate disease transmission (closed spaces, crowds, and close contact). In addition try to maintain your health through balanced diet, appropriate exercise, rest, sleep, etc. **If you develop symptoms such as fever or coughing, be sure to (1) visit a medical institution to be examined, or (2) phone and consult a medical consultation center (health care center) and follow the doctor's or health care center's orders.**

1. [Bring the Health Observation Record Table \(For Graduate School Entrance Examinations\)](#)

Perform health observations for 14 days including the examination date, record your body temperature, etc., on the Health Observation Record Table every day, and bring it with you on the day of the examination.

Your Health Observation Record Table may be checked at the entrance to the examination venue.

2. Those Unable to Sit the Examination

The following persons will not be able to sit the examination at the venue. Please consider taking the supplementary examination.

- ① Persons who have symptoms of COVID-19 and after visiting a medical institution etc., continue to standby at home as specified by a health care center etc.
- ② Persons who have displayed symptoms such as fever or coughing during the 13 days before the examination date and have not recovered, or persons that have come into contact with a person infected with the new coronavirus COVID-19 and there is a possibility that they have become infected

However, of the above persons in ① or ②, those that have been examined by a medical institution or have consulted a health care center, and the result has been as indicated below, can sit the examination at the examination venue.

- 1) Persons who have 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 etc.
- 2) Persons who are deemed not to be infected with COVID-19 (PCR test not required) after visiting a medical institution or consulting a health care center because of a fever and who have no symptoms on the day of the examination
- 3) Persons who were judged to require a PCR test by a medical institution or a health care center because of a fever (or contact with an infected person), who tested negative in the test, and have no symptoms on the day of the examination.

4) Persons who can prove that the symptoms are caused by an adverse reaction after vaccination by "Certificate of Vaccination" or similar documents and have no symptoms on the day of the examination.

- ③ Persons that are deemed by a health care center etc., to have come into close contact with an infected person, or that are living with a person that has tested positive with a PCR test and are in quarantine at home
- ④ Persons having symptoms such as fever, coughing, etc., on the day of the examination
- ⑤ Persons that are seen to have symptoms such as repeated coughing, etc., within the examination venue on the examination day, and are judged to have the possibility of infecting other examinees may be required to terminate the examination. (Persons that are required to terminate the examination can apply to sit a supplementary examination.)

Note) Of Person have concerns about ① through ④ above, if it is difficult to determine, consult with Contact desk (the same place as you submitted the application documents) in advance.

3. Points to Note on the Examination Day

- ① Each person must bring a mask and always wear it properly within the examination venue, except during lunchtime.
- ② Hands must be thoroughly disinfected with quick-dry alcohol preparation before entering the examination room.
- ③ Refrain from close contact and conversation with other persons as much as possible during rest times, lunch time, etc.
- ④ There will be times when the windows are opened, etc., for ventilation in the examination room, so bring a coat, etc., in accordance with the season.
- ⑤ Please bring your own lunch, and eat it silently at your desk.

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 (runny nose))	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	<input checked="" type="radio"/> No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing) Other (allergy (runny nose))	<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.
		<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.
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 ()	/
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 ()	/

- ◆ 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 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. | ※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 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.