

# 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 and in the evening 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)  
(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	Morning body temperature	Evening body temperature	Symptoms of cold, etc.	Have you visited a medical institution or health care center after having had a fever? (Those who have not must submit a written statement)
08/24	Mon	<input checked="" type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input checked="" type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input checked="" type="checkbox"/> No allergy Yes (coughing, <del>runny nose</del> , sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<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	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	
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)	

◆ 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.

- 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 ① to ③ is applicable cannot sit for the examination. Please consider submitting an application for the supplementary examination.

① It is 14 days or less since the day after my entry to Japan from overseas.	Yes / No
② I have been identified as a close contact by a health care center within the past 14 days.	Yes / No
③ 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.	Yes / No

**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.**