**Self-Monitoring Sheet**

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| 学医確認欄 |
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| Name: Khawaritzmi Abdallah Ahmad | Affiliation: | | Place of residence:  (Name of municipality) |
| Student ID: | Age: 22 | Contact: +6282194905095 | |

Symptoms

Symptoms

Symptoms

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day/Month | | | / | / | / | / | / |
| Body  Temperature | | Morning | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
| Night | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
|  | Cough | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Sore throat | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Strong Sluggishness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Breathlessness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Taken medicines | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Other symptoms  (State details if “Yes”) | | Yes No  v | Yes No | Yes No | Yes No | Yes No |
| Day/Month | | | / | / | / | / | / |
| Body  Temperature | | Morning | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
| Night | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
|  | Cough | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Sore throat | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Strong Sluggishness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Breathlessness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Taken medicines | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Other symptoms  (State details if “Yes”) | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Day/Month | | | / | / | / | / | / |
| Body  Temperature | | Morning | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
| Night | ( )°C | ( )°C | ( )°C | ( )°C | ( )°C |
|  | Cough | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Sore throat | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Strong Sluggishness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Breathlessness | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Taken medicines | | Yes No | Yes No | Yes No | Yes No | Yes No |
| Other symptoms  (State details if “Yes”) | | Yes No | Yes No | Yes No | Yes No | Yes No |

**E-mail this Sheet to**

**University Health Center**

**and Student Section**

Tobata campus t.COVID-19.stu＠jimu.kyutech.ac.jp

Iizuka campus i.COVID-19.stu＠jimu.kyutech.ac.jp

Wakamatsu campus w.COVID-19.stu＠jimu.kyutech.ac.jp

1. Your family doctor (If you have)

2. Medical institutions in Fukuoka prefecture which are officially announced that they offer medical examination for COVID-19

\*Make sure to phone before visiting

<https://www.pref.fukuoka.lg.jp/contents/shinryo-kensa-kohyo.html>

3. Consultation desk for COVID-19 medical examination

■Kitakyushu City residents: 0570-093-567 (24 hours)

■Iizuka City residents: 0948-21-4972 (8:30-17:00, weekdays)

092-643-3288 (Night & holidays)

■Residents of other areas in Fukuoka (Website of Fukuoka prefecture)

[https://www.pref.fukuoka.lg.jp/contents/covid-19-support-individual.html#a-2](https://www.pref.fukuoka.lg.jp/contents/covid-19-support-individual.html)

If you are under the condition ①-③, consult by phone with either of the institutions on the right (1-3).

① Having either breathlessness, strong sluggishness, or high fever

② Having underlying disease etc. and a higher risk of developing severe disease when infected

③ Not being under the above conditions ① or ②, but having relatively slight flu-like symptoms such as fever and cough for 4 days or longer, or 4 days haven’t passed but feeling such symptoms are strong

Revised on 1 December 2020