

To our community,

Due to the global health alert decreed on January 30th by the World Health Organization (WHO) regarding the epidemic caused by the novel coronavirus (2019-nCoV), we want you to know that we are implementing actions to have safe spaces for all of us in the institution.

These measures are being supervised by medical specialists and aligned with the protocols that national and international authorities have shared with us.

That is why, prior to the start of classes and with the purpose of contributing as much as possible with these prevention and safety activities, we ask you to complete the following survey before February 5th.

The information you provide us will be treated with respect and confidentiality and will only be used to detect health risk conditions in a timely manner and, consequently, activate the medical protocols necessary for their containment.

i. PERSONAL DATA

Date: 11 Feb 2020

Name: Antonio Osamu

Gender:

☐ Female

Date of birth (DD/MM/AA)

13 Aug 1992

Nationality:

Mexican

Local address:

Place: Monterrey, NL

Surname: Katagiri Tanaka

☒ Male

Mobile phone: +52 552 300 9176

Personal email: oskatagiri@gmail.com

i. EMERGENCY CONTACT

Name: Carmen

Mobile phone: +52 552 323 0051

Surname: Tanaka

Personal email: tanakakoshimae@yahoo.com.mx

ii. QUESTIONS

In the past 15 days have you suffered ... None

☐ Pneumonia

☐ Fever, coughing, sniffing

☐ Respiratory infections

☐ YES

Are you a regular smoker?

Number of cigarettes per day? NA

☒ NO

Have you been diagnosed with any of the following: **None**

☐ Chronic respiratory disease

☐ Diabetes Mellitus

☐ Chronic heart disease

☐ Corticosteroid / immunosuppressive treatment

☐ Transplants

☐ Cancer

☐ Renal dialysis

☐ Other **NA**

iii. INFORMATION ABOUT YOUR TRAVEL TO MEXICO

Date of arrival in Mexico (DD/MM/AA): **last time outside Mexico: 01 Jan 2018**

Port of entry to Mexico: **Aeropuerto Internacional de la Ciudad de México**

List of cities and countries visited in the 15 days prior to your arrival in Mexico, please, include connection airports in your trips : **None**

Arrival date (DD/MM/AA)	Departure date (DD/MM/AA)	City	Country
NA	NA	NA	NA

The information registered here will be strictly confidential and it will only be shared with the campus doctor in case of presenting symptoms that merit the medical evaluation.

By signing this form I agree that all answers and statements are true and accurate.


Student's signature