

Health Monitoring Form

Thank you for attending NEURO2022. To prevent COVID-19 infection, please fill out and submit this form **every day you attend the meeting**. Please present this form to staff at reception when you arrive at the venue to receive a confirmation sticker.

1. COVID-19 Vaccination Status

How many vaccination shots have you received?	1	2	3	None
If none, did you take a PCR test within 72 hours from your arrival?	Yes · No			

2. Health Monitoring

Please circle YES or NO to the following questions.

Note that you may not be allowed in the venue if you answered YES to at least one question.

1) Physical condition: Today

① Do you have a fever greater than 37.5C or 1C higher than usual?	Yes · No
② Do you have a cough, runny nose, throat pain, feeling of tiredness or trouble breathing?	Yes · No
③ Are you experiencing a loss of taste or smell?	Yes · No

2) Physical condition and contact within the last 14 days

① Have you been in close contact to someone with confirmed COVID-19?	Yes · No
② Have you or anyone who lives with you had any of the above symptoms?	Yes · No
③ Have you been in close contact to someone from countries or areas which are currently subject to denial of entry or quarantine by the Government of Japan?	Yes · No

3. Important points of notice

Please read the following articles and tick the check boxes if you consent.

You may not be allowed in the venue if you leave boxes unchecked.

① I hereby certify that the above answers are true and correct. I will call Be.Okinawa Inbound Medical Interpreter Call Center and seek their direction in case I present any of the above symptoms during the meeting.	<input type="checkbox"/> I agree
② If anyone who participates or engages in the meeting is found to be infected with COVID-19, I understand that necessary personal information will be released to the central or local government.	<input type="checkbox"/> I agree

4. Information of a person who fill this form

Date of submission (circle)	June 30 July 1 July 2 July 3
Filer	Name :
	Institution :
Contact number	

※All attendees are required to submit this form to confirm their health conditions and prevent COVID-19 infection. Provided personal information will be strictly monitored and used only for determining admission and for necessary communication. Personal information will not be disclosed to third parties unless permitted by the Private Information Protection Law. Should anyone in the meeting venue be found or suspected to be infected with COVID-19, we will release necessary personal information to related local authorities, such as public health centers.