Health Check Sheet

体調チェックシート

避難所名：六実二小

U03en 英語版
2026/1/7 版
翻訳:2026/8/26

Shelter staff will take your temperature. Please complete items ①–⑤ below and wait for your turn.

①Date	Year / Month / Day	②Name	

③ Symptoms — Please check ☑ any that apply.

□	Cough, sneezing (せき、くしゃみ)	□	Muscle or joint pain (筋肉痛、関節の痛み)
□	Difficulty breathing (息苦しさ)	□	Dizziness, lightheadedness (めまい、ふらつき)
□	Runny or stuffy nose (鼻水、鼻つまり)	□	Change or loss of taste/smell (味・嗅覚の不調)
□	Sore throat / throat inflammation (のどの痛み、炎症)	□	Injury (if yes, describe in ④) (怪我の有無（有の場合は④に記載）)
□	Headache (頭痛)	□	Pre-existing medical condition (if yes, describe in ④) (持病の有無（有の場合は④に記載)
□	Diarrhea (下痢)	□	Currently diagnosed with an infectious disease incl. COVID-19 (note test & result date in ④) (感染症（新型コロナウィルス含む）に罹患（※検査日及び陽性確定日を④に記載）)
□	Fatigue / general malaise (倦怠感)	□	
□	Nausea, vomiting (吐き気、嘔吐)	□	Have been told you may have been exposed to / possibly infected with COVID-19 (新型コロナウィルスに罹患した可能性があると言われている
□	Palpitations, chest tightness (動悸、胸の苦しさ)		

④ Other / Remarks (その他、備考)

⑤Temperature (体温)	°C	***To be filled in by shelter staff.** (※避難所運営スタッフが記入いたします。)

After staff confirmation, please move as instructed by staff.

（運営スタッフの確認後、スタッフの指示に従い移動をお願いします）