

Health Assessment Sheet (Consent Form)

The purpose of this Health Assessment Sheet is to confirm the health conditions of examinees and chaperones (herein after referred to as “examinees, et al.”) to prevent the spread of COVID-19 during the 2021 Chiba Prefectural Public High School Entrance Examination.

The personal information collected on this Health Assessment Sheet will be handled properly by each respective high school, and will only be used for the purpose of gaining a grasp the health conditions of examinees, et al., making decisions regarding permission to take the examination, and other necessary communications. In addition, except in situations permitted by the Personal Information Protection Laws, personal information will not be provided to a third party without the explicit consent of the examinee, et al. However, in the situation that someone at the examination venue is discovered to have been exposed to COVID-19, or there is a suspicion thereof, information may be provided to health care centers as necessary.

◎ Basic Information			
Examinee Number		Furigana N a m e	
Junior High School Name	Municipal		Junior High School
Emergency Contact Information	(Please provide a phone number where a Guardian may be contacted on the day of the examination)		
Temperature on Examination Day	□	□	. □ °C
Health Conditions on Examination Day ※ Please check 「✓」 any of the statements that apply to you. If you have not checked 「✓」 all items ア～オ, you may be required to take the examination in a different room.			
ア	My body temperature does not exceed normal.	エ	I have not lost my sense of taste or smell.
イ	I do not have a cough, sore throat, or any other cold symptoms.	オ	My body does not feel heavy, nor do I tire easily.
ウ	I do not feel fatigued, nor am I having difficulty breathing.	/	
Health Conditions from Two Weeks Prior ※ Please check 「✓」 any of the statements that apply to you.			
①	All of the statements above ア～オ apply.	/	
②	If you had any of the symptoms stated above in the past two weeks, please specify. (Example: I had a fever three days ago.)		

Principal of	High School
	_____, 2021
Consent Form	
I consent to the submission of this Health Assessment Sheet.	
Student Name _____	
Guardian Name _____ (seal)	
(Please sign or press personal seal.)	