

The 38th Hyogo Prefecture Rugby School Tournament Health Check Sheet and Consent Form

The purpose of this health check sheet is to confirm the health status of participants at the tournament in order to prevent the spread of the new coronavirus infection.

The personal information on this sheet will be used by the organizer only for the purpose of making a decision as to whether or not a participant can participate in the tournament and for contacting a participant as necessary. This sheet will be kept for 2 weeks after the end of the tournament and then will be destroyed. If any of the participants in the competition are infected with or suspected of being infected with the new coronavirus, we may provide the necessary personal information to the public health center.

<Information>

Name of School					
		Birthday	Year	Month	Day
Name of Participants		Phone			
		Email			
Address	〒				

<Body temperature> Please fill in from 14 days ago.

Date	Temperature	Date	Temperature	Date	Temperature	Date	Temperature
/ ()	℃	/ ()	℃	/ ()	℃	/ ()	℃
/ ()	℃	/ ()	℃	/ ()	℃	/ ()	℃
/ ()	℃	/ ()	℃	/ ()	℃	/ ()	℃
/ ()	℃	/ ()	℃	/ ()	℃	/ ()	℃

<Health condition of the day> ※Please enter "✓" in the applicable items.

チェック項目	チェック欄
① No fevers above normal	
② No cough, sore throat, or other cold symptoms	
③ No fatigue or difficulty breathing	
④ No abnormality in the sense of smell or taste	
⑤ No feeling of heaviness, tiredness, etc.	
⑥ No intensive contact with those who have been tested positive for the new coronavirus infection	
⑦ No live-in family members or close acquaintances suspected of being infected	
⑧ Have not traveled to a country or region that is required by the government to restrict entry or to observe a post-arrival period within the past 14 days, or have not had intensive contact with the person in question	
⑨ Other concerns	

It is difficult to completely eliminate the risk of infection with the new coronavirus at this time. Therefore, we ask all participants to acknowledge that there is a risk of infection with the new coronavirus before participating in the tournament. If the infection is confirmed, we will provide information to the public health center.

I agree that participants are responsible for all risks and losses, including the risk of the infection.

Name of parent:

Date: Year Month Day
