Tokyo Campus Entry Record

Please submit this Tokyo Campus Entry Record as a part of measures against the spread of COVID-19 upon entering the Tokyo Campus, University of Tsukuba.

When entering the Tokyo Campus, please fill out the first page and show it to a security guard.

When leaving the Tokyo Campus, please complete the second page and drop it into the designated box placed at the main entrance (1F).

Please be sure to contact us immediately if you test positive for COVID-19 within three days after leaving the Tokyo Campus.

business-somu@un.tsukuba.ac.jp　　Tel: 03-3942-6918 / Fax: 03-3942-6824

Name

Affiliation

Phone Number

Email

**Have you recently tested positive for COVID-19??**

（Please circle your answer, yes or no.）

１．I have tested positive for COVID-19 in the last 10 days. Yes No

２．I have tested positive for COVID-19 more than 10 days ago. Yes No

３．I had tested positive for COVID-19 more than 10 days ago, but at least 72 hours have passed since recovery. Yes No

4．I have never tested positive for COVID-19

Yes No

**In the last 14 days, have you had relatively slight cold symptoms, lasting a few days, including fever and cough, or severe symptoms including shortness of breath, excessive fatigue, and high fever?** （Please circle your answer, yes or no.）

１．I had them in the last 14 days. Yes No

２．I have never had them in the last 14 days. Yes No

Purpose of Entry ex) : attend a seminar, research at the library, etc.

Date 　　　　　　 　　　 Entry Time

＜Personal Information Handling＞

We will not use personal information which we collect from this form except for keeping entry record in relation to COVID-19. We will make sure to take active measures of safety by appointing a management representative in order to avoid the risks such as loss and leakage, etc.

Which floor(s) did you stop by? (Please circle all the floors you stopped by.)

B1F 1F 2F 3F 4F 5F 6F

Where did you stay for 15 minutes or more?

Please write all of the places such as floor, classroom, seminar room, lounge room, restrooms, Academic Service Office, library etc., where you stayed for 15 minutes or more.

Note: Please write down the Seat Number attached to the desk you used during onsite classes.

Place 1（Floor，Place，Arrival Time，Seat Number, Duration of Stay）

　　 ， 　　,　　　　　　　，　　　 ，about　 hour(s)　　minutes

Place 2（Floor，Place，Arrival Time，Seat Number, Duration of Stay）

　　 ， 　　,　　　　　　　，　　　 ，about　 hour(s)　　minutes

Place 3（Floor，Place，Arrival Time，Seat Number, Duration of Stay）

　　 ， 　　,　　　　　　　，　　　 ，about　 hour(s)　　minutes

Others

Exit time:　　　　　　　 \_