

## Consultation Check-sheet for Feverish Individuals (1)

**Consultation Check-sheet for Feverish Individuals****Information on Individual Being Examined**

<i>Furigana</i> (name written in kana)		Date of birth	(year)	(month)	(day)
Name		Age	(years old)	Gender	Male / Female
Address	〒 -				
Contact info	Phone No. - -				

**For the following questions, please add a check to the boxes for any items that apply.**

**A. Fever and Cold Related Symptoms**

- (1) I have a fever and/or cold related symptoms. (Please write down the highest temperature recorded and the number of days since your symptoms became noticeable.)
- Fever - since ( ) day(s) ago (Highest temp: . °C)
  - Coughing / phlegm / runny nose - since ( ) day(s) ago
  - Shortness of breath, difficulty breathing - since ( ) day(s) ago
  - Overall bodily fatigue - since ( ) day(s) ago
  - Smell/taste related sensory abnormalities - since ( ) day(s) ago
  - Other symptoms ( ) - since ( ) day(s) ago

**B. Possibility of Influenza**

- (2) I suddenly came down with a high fever.
- (3) I have a fever and I am experiencing joint pain.
- (4) Someone at work, school, or in my family, etc., was infected by influenza, and there is a high probability that I came into contact with them.

**C. Possibility of Novel Coronavirus Infection**

- (5) I have smell/taste related sensory abnormalities.

Have you come into contact with anyone infected by the novel coronavirus?

- (6) Within the past 14 days, I have traveled to a region outside of Tamba Sasayama City or Tamba City.
- (7) Within the past 14 days, I went out to eat with or engaged in conversation without a mask with someone from outside of Tamba Sasayama City or Tamba City.
- (8) Within the past 14 days, there is a possibility that I have come into contact with someone infected by the novel coronavirus.

Have any of your family members come into contact with anyone infected by the novel coronavirus?

- (9) Within the past 14 days, a family member traveled to a region outside of Tamba Sasayama City or Tamba City.
- (10) Within the past 14 days, a family member went out to eat with or engaged in conversation without a mask with someone from outside of Tamba Sasayama City or Tamba City.

Consultation Check-sheet for Feverish Individuals (2)

**D. Please promptly get examined if you checked both an item for “C.” and any of the following items.**

About the risk of novel coronavirus symptoms becoming even more severe:

- (11) Of the conditions given below that could place patients at risk for severe symptoms, the following apply to me:
  - Old age (65 years or older)     Diabetes     High-blood pressure     Heart disease
  - Respiratory illness     Kidney disease, currently undergoing dialysis
  - Other:( \_\_\_\_\_ )
- (12) Taking medication, etc., that weakens the immune system
  - Taking immunosuppressive agents     Taking anti-cancer medication
- (13) I have a family member that has one of the aforementioned conditions that place them at risk for severe symptoms.

Occupations at risk of novel coronavirus cluster occurrence, such as staff members working at medical nursing care facilities, etc.:

- (14) I am a staff member at a medical nursing care facility, etc.
- (15) I have a family member that is a staff member at a medical nursing care facility, etc.

Symptoms that require particular caution if you have been infected by the novel coronavirus:

- (16) I have respiratory symptoms, such as coughing and phlegm, etc.

**E. “Severe Symptoms” or “Moderate Symptoms”**

Symptoms that may require emergency medical care:

- (17) I have a paler complexion than usual, my lips are purple in color
- (18) My breathing has become heavy, I have sudden difficulty breathing, I have difficulty breathing even when moving only slightly. I am using my shoulders to breathe.
- (19) I have chest pain, my pulse skips a beat, I feel like I have an arrhythmic pulse.
- (20) I can't lie down. I have trouble breathing unless I sit up, I am suddenly wheezing for breath (within roughly the last 2 hours)
- (21) I am feeling mentally foggy (slow to respond), I am feeling disoriented (unresponsive)

Symptoms that are moderate or higher and which should be examined promptly:

- (22) I have a continuously high fever (38.5 °C or higher for 3 days or longer)
- (23) My symptoms still continue after 4 days or longer
- (24) I have difficulty breathing even when moving only slightly. I am experiencing shortness of breath and have breathing difficulties.
- (25) My body feels fatigued, and I immediately want to lie down.
- (26) I am not able to get enough food or water.
- (27) I feel different than usual, I feel that something's wrong.

**Items to fill out if you are receiving novel coronavirus pathogen testing (PCR/antigen)**

- Based on the contents of this Consultation Check-sheet for Feverish Individuals, there is a possibility that I have been infected by the novel coronavirus.     Yes     No
- I have been instructed to be tested as someone who came into close contact with someone infected by the novel coronavirus.     Yes     No
- I have been recommended to be tested by the “COVID-19 Contact-Confirming Application.”     Yes     No

\*After reading and understanding the explanation given for individuals receiving novel coronavirus testing, I consent to novel coronavirus PCR/antigen testing.     Yes     No

**This check-sheet has been translated by the Hyogo International Association so that it can be used as a reference material by interpreters.**