JMoF Executive Committee
FOR SUBMISSION

JMoF 2023　HEALTH MANAGEMENT CHECKLIST

- The purpose of this checklist is to confirm the health status of JMoF 2023 attendees in order to practice the virus countermeasures.
- The JMoF Executive Committee will treat your personal information submitted by this checklist with the utmost care and security.
- We will contact the attendees and relevant organizations such as healthcare centers, when a person infected with the Novel Coronavirus disease is found in the attendees.
- We will not give away any of your personal information to a third party unless with explicit permission by you beforehand, or in cases where required by law.

Registration Number _____

Handle Name _____

Phone Number _____

Email Address _____

☐ **I consent to the collection and use of my personal information.**

How to Fill it Out and How to Handle

- Print this checklist out on A4 paper and fill out the designated items every day from Dec 29 (Thu), 2022 (7 days before JMoF 2023) onwards.
- Body temperature should be measured and described in units of 0.1 ˚C.
- Bring your checklist on the days of the convention, and show it to the staff when they instruct you to submit it.
- On the days of the convention, undergo a temperature check at the dedicated site that opens every morning or at the JMoF reception desk.
- Keep your checklist for up to 2 weeks after JMoF 2023 (Jan 22 (Sun.), 2023), and if there is contact from the JMoF Executive Committee, promptly submit it.

Important Notes

- Before coming to the convention, please do the checks established by the “3. Before Coming to the Convention” section, in the “Regulations Regarding the Virus Countermeasures”.
- If even one of these applies to you, please do not come to the convention or participate.

※ For details about the virus countermeasures, please see the “Regulations Regarding the Virus Countermeasures” page.
https://www.jmof.jp/en/term/virus_countermeasure

									JMoF 2023			
									Day 1	Day 2	Day 3	Day 4
		Dec 29	Dec 30	Dec 31	Jan 1	Jan 2	Jan 3	Jan 4	Jan 5	Jan 6	Jan 7	Jan 8
		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Body temperature		℃	℃	℃	℃	℃	℃	℃	℃	℃	℃	℃
I have none of the following symptoms. (If applicable, put a ✓ in that square.)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
1	Having a sore throat											
2	Having a cough											
3	Getting sputum											
4	Having a runny/stuffy nose											
5	Having a headache											
6	Getting fatigued badly											
7	Suffocating											
8	Can’t taste as normal											
9	Can’t smell as normal											