

Body temperature before medical checkup	°C
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【 Interview sheet 】

If you have had any of the following situations, please check and provide the information.

name: _____ years old: _____

① I've been in contact with a person who has tested positive for COVID-19.

No Yes

② Are you under the care of a doctor in the past ?

No

Yes → Hypertension Diabetes mellitus

Circulatory system disease

Brain and nervous system disease

Respiratory disease Others : _____

③ Are you currently on any medication?

No

Yes → Name of medications : _____

④ What is the problem today? (Check all that apply.)

Fever From about _____ Month _____ Day _____ °C

Cough Feel sluggish Sore throat

Headache Hard to understand the smell

Hard to taste Diarrhea Others : _____