

Points to Note Regarding Undertaking Examinations for the Prevention
of the Spread of COVID-19

Joint Master's Program in International Development and Peace through Sport

The following precautions will be taken during examinations at examination venues to prevent spread of the new coronavirus COVID-19, so be sure to take note of them.

Continue to observe the basic day-to-day infection countermeasures, such as observing hand-washing, disinfecting your hands, coughing etiquette, maintaining distance from people, and avoiding the three conditions that facilitate disease transmission (closed spaces, crowds, and close contact). In addition try to maintain your health through balanced diet, appropriate exercise, rest, sleep, etc. **If you develop symptoms such as fever or coughing, be sure to visit a medical institution and follow doctor's orders.**

1. Submission of Health Observation Record Table

Perform health observations for 14 days including the examination date, record your body temperature, etc., on the Health Observation Record Table every day, and bring it with you on the day of the examination. **Your Health Observation Record Table will be collected at the entrance to the examination venue.**

2. Those Unable to Sit the Examination

The following persons will not be able to sit the examination at the venue. Please consider taking the supplementary examination.

- ① Persons who have symptoms of COVID-19 and who have not been diagnosed by a doctor as having recovered by the examination date
- ② Persons that are deemed by a health care center, etc., to have come into close contact with an infected person during the 14 days including the examination date
- ③ Persons who have displayed symptoms of fever of 37.5 degrees Celsius or higher, or coughing during the 13 days prior to the examination date

Persons for whom item ③ applies should visit a medical institution. Persons who receive the following results will be able to sit the examination.

- 1) **Persons who are deemed not to be infected with COVID-19 (PCR test not required) after visiting a medical institution or consulting a health care center because of a fever and who have no symptoms on the day of the examination**
 - 2) **Persons who were instructed by a medical institution or a health care center to take a PCR test because of a fever and who tested negative and have no symptoms on the day of the examination**
- ④ Persons that have entered in Japan from overseas within 14 days calculated from the day after arrival in Japan
 - ⑤ Persons having symptoms such as fever, coughing, etc., on the day of the examination
 - ⑥ Persons that are seen to have symptoms such as repeated coughing, etc., within the examination venue on the examination day, and are judged to have the possibility of infecting other examinees may be required to terminate the examination. (Persons that are required to terminate the examination can apply to sit a supplementary examination.)

3. Points to Note on the Examination Day

- ① Each person must bring a mask and wear it within the examination venue.
- ② Hands must be thoroughly disinfected with quick-dry alcohol preparation before entering the examination room.
- ③ Refrain from close contact and conversation with other persons as much as possible during waiting times and rest times.
- ④ There will be times when the windows are opened, etc., for ventilation in the examination room, so bring a coat, etc..

Health Observation Record Table

Application master's or doctoral program name : Joint Master's Program in International Development and Peace through Sport

Examinee No. :

Your name :

Normal body temperature (Degrees centigrade) :

- 1 Record your temperature upon waking every morning and in the evening in the following table.
- 2 In addition, apply a ○ to Yes or No to indicate whether you have had symptoms of cold (if you have, describe the specific symptoms)
(Note) If your runny nose, sneezing, etc. are due to allergy, you will be able to sit the examination (please enter "allergy" in the "Symptoms" column).
- 3 Be sure to bring your "Health Observation Record Table" with you on the test day.
- 4 Persons who have symptoms such as fever of 37.5 degrees Celsius or higher or coughing during the 14 days prior to and including the examination date will not be able to sit the examination.

Please consider taking a supplementary examination. (However, as described separately in "Points to Note Regarding Undertaking Examinations," examinees who have developed symptoms such as fever or coughing can still sit the examination at the examination venue depending on the result of their visit to a medical institution or health care center. Persons for whom this applies should enter the result in the table below.)

*Persons who have not visited a medical institution or health care center should submit a written statement to explain why not (free format).

Date (MM/DD)	Day	Morning body temperature	Evening body temperature	Symptoms of cold, etc.	Have you visited a medical institution or health care center after having had a fever? (Those who have not must submit a written statement)
08/24	Mon	<input checked="" type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input checked="" type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No <input checked="" type="checkbox"/> Yes (coughing, runny nose allergy, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/25	Mon	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/26	Tue	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/27	Wed	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/28	Thu	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/29	Fri	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/30	Sat	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
01/31	Sun	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/01	Mon	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/02	Tue	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/03	Wed	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/04	Thu	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/05	Fri	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
02/06	Sat	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever	No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	<input type="checkbox"/> have visited <input type="checkbox"/> have not visited *If you have visited, please fill in the following section.
Examination day	Sun	<input type="checkbox"/> Normal body temperature <input type="checkbox"/> Symptoms of fever		No Yes (coughing, runny nose, sneezing, sore throat, fatigue, difficulty breathing)	

◆ If you have had or have a fever, please check the option that applies to you below.

- After visiting a medical institution or health care center, I was deemed not to be infected with COVID-19 (PCR test not required) and I have no symptoms on the examination date. → Able to sit the examination
- I was instructed to take a PCR test, underwent the test, and tested negative. I have no symptoms on the examination date. → Able to sit the examination
- I was deemed not to need a PCR test or underwent the test and tested negative. However, I have symptoms on the examination date. → Go to "Supplementary Examination Application Form"

Those for whom any of the following ① to ③ is applicable cannot sit for the examination. Please consider submitting an application for the supplementary examination.

① It is 14 days or less since the day after my entry to Japan from overseas.	Yes / No
② I have been deemed by a health care center, etc., to have come into close contact with an infected person during the past 14 days	Yes / No
③ I have been infected with COVID-19 and have not recovered.	Yes / No

Note 1) When applying for the supplementary examination, this Record Table can be used as an alternative to a doctor's certificate, so be sure to record your results every day.

Note 2) The purpose of the personal information provided on this Record Table is to confirm the health status for these examinations, and it will not be used for any other purpose.