

感染予防チェックリスト

COVID-19 Healthcare Checklist

●健康状態チェック (Health Checklist)

<お客様用 For our customer >

氏名: Name \_\_\_\_\_ 年齢: Age \_\_\_\_\_

住所: Address \_\_\_\_\_

Tel番号: Phone Number \_\_\_\_\_

体温: Temperature \_\_\_\_\_

下記の症状がありますか?

はい (YES) いいえ (NO)

Do you have any of the following? (check any)

熱っぽい (Fever or feeling feverish)	<input type="checkbox"/>	<input type="checkbox"/>
汗ばむ (Sweating)	<input type="checkbox"/>	<input type="checkbox"/>
倦怠感 (Fatigue)	<input type="checkbox"/>	<input type="checkbox"/>
寒気 (Chills)	<input type="checkbox"/>	<input type="checkbox"/>
咳 (Cough)	<input type="checkbox"/>	<input type="checkbox"/>
喉の痛み (Sore throat)	<input type="checkbox"/>	<input type="checkbox"/>
頭痛 (Headache)	<input type="checkbox"/>	<input type="checkbox"/>
鼻水、鼻詰まり (Congestion or runny nose)	<input type="checkbox"/>	<input type="checkbox"/>
息苦しい (Shortness of breath or difficulty breathing)	<input type="checkbox"/>	<input type="checkbox"/>
吐き気 (Vomiting)	<input type="checkbox"/>	<input type="checkbox"/>
下痢 (Diarrhea)	<input type="checkbox"/>	<input type="checkbox"/>
発疹 (Rash)	<input type="checkbox"/>	<input type="checkbox"/>
嗅覚、味覚異常 (New loss of taste or smell)	<input type="checkbox"/>	<input type="checkbox"/>
筋肉痛 (Muscle or body aches)	<input type="checkbox"/>	<input type="checkbox"/>
胸痛 (Chest pain)	<input type="checkbox"/>	<input type="checkbox"/>
その他 (Other symptoms)	<input type="checkbox"/>	<input type="checkbox"/>

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- ① 今回または以前にコロナウイルスに罹患した人と接触したことがありますか？

In the two weeks before you felt sick, did you have contact with someone diagnosed with COVID-19?

はい(YES) いいえ(NO)

はいと答えた人はいつですか? (If Yes, When?) \_\_\_\_\_

- ② コロナウイルスのPCR検査を受けたことがありますか？

Have you ever got tested for coronavirus?

はい(YES) いいえ(NO)

はいと答えた人はいつですか? (If Yes, When?) \_\_\_\_\_

- ③ 昨年度は予防接種を受けましたか？

Did you get vaccination last year?

はい(YES) いいえ(NO)

はいと答えた人はいつですか? (If Yes, When?) \_\_\_\_\_

- ④ 下記の既往症や症状、状態に該当する方は選択してください。

Do you have any of these apply to you or have life-threatening symptoms?

- 顔面蒼白、唇が青ざめている Bluish lips or face
- 深刻な胸部の痛みが続く Severe and constant pain or pressure in the chest
- ひどいめまいや立ちくらみ Severe, constant dizziness or lightheadedness
- 呼吸困難 Extreme difficulty breathing (such as gasping for air or being unable to talk without catching your breath)
- 失見当識、方向感覚の喪失 New serious disorientation (acting confused)
- 意識障害 Unconscious or very difficult to wake up
- 言語障害 Slurred speech or difficulty speaking (new or worsening)
- 発作 Seizures
- 低血圧の兆候 (立つのがおぼつかない、冷や汗) Signs of low blood pressure (too weak to stand, light headed, feeling cold, pale, clammy skin)

- 重症難治性喘息など慢性閉塞性肺疾患、嚢胞性線維症、肺線維症 Chronic lung disease, such as moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis
- 心疾患、心不全、冠動脈疾患、心筋症 Serious heart condition, such as heart failure, coronary artery disease, or cardiomyopathy
- 免疫系疾患や免疫抑制のための投薬中 Weakened immune system or taking medications that may cause immune suppression
- 肥満 Obesity
- 糖尿病、慢性腎不全、肝臓疾患 Diabetes, chronic kidney disease, or liver disease
- 高血圧 High blood pressure
- 血液疾患、鎌状赤血球貧血、サラセミア Blood disorder, such as sickle cell disease or thalassemia
- 脳血管疾患、神経疾患、脳卒中、認知症 Cerebrovascular disease or neurologic condition, such as stroke or dementia
- 喫煙者 Smoking
- 妊娠中 Pregnancy

健康調査に答えたことに関して嘘はございません。またこれらの個人情報の記載に関して理解しております。

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and I HEREBY release and forever discharge NATURE SCHOOL, located at 73-4187 Hulikoa Dr, Kailua Kona, Hawaii 96740, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

署名 (Signature: person with legal authority to sign for client if he/she lacks capacity or is a minor)

\*17歳以下のお子様は保護者または成人されている付き添いの人が署名してください。

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月日 (Dates) : \_\_\_\_\_

カタカナ : \_\_\_\_\_

Print Name : \_\_\_\_\_