

Student ID Number:

Name

【Ex. : average body temperature °C】

MM/DD	Time of measurement / body temperature (°C)				Symptom (Circle all symptoms that you experienced throughout the day)
	Morning		Night		
	Time	Temp	Time	Temp	
/	:	:	:	:	cough, expectoration, sore throat, headache, diarrhea, fatigue, chest tightness, difficult breathing, loss of smell and taste, others ()
	Activity Record → (Location, the places you visited on campus)	Aizuwakamatsu City Others ()	Lecture Hall () Research Quadrangles () Cafeteria, Student Hall, Library, Other ()		
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