

# Health Monitoring Form

Thank you for attending Neuroscience2021. To prevent COVID-19 infection, please fill out and submit this form **every day you attend the meeting**. Please submit it to meeting staff at the registration desk when you arrive at the venue. Meeting staff will put a confirmation sticker on your meeting badge after receiving and checking the form you submitted.

## 1. COVID-19 Vaccination Status

|  |                 |
|--|-----------------|
| I have received the COVID-19 vaccine. (Dose 1) | <b>Yes · No</b> |
| I have received the COVID-19 vaccine. (Dose 2) | <b>Yes · No</b> |

## 2. Health Monitoring

Answer YES or NO to following questions.

Please kindly note that you may not be allowed in the venue if you answered YES to at least one question.

### 1) Physical condition : Today

|   |                 |
|---|-----------------|
| 1)-① Do you have a fever greater than 37.5C or 1C higher than usual?                                | <b>Yes · No</b> |
| 1)-② Do you have a cough, runny nose, pain in the throat, feeling of malaise or breathing problems? | <b>Yes · No</b> |
| 1)-③ Do you have loss of taste or smell?  | <b>Yes · No</b> |

### 2) Physical condition and contact in last 14 days

|  |                 |
|--|-----------------|
| 2)-① Have you been in close contact to someone with confirmed COVID-19?  | <b>Yes · No</b> |
| 2)-② Have you had 1)-①, 1)-②, or 1)-③?<br>Or, has anyone in your family who live with you had 1)-①, 1)-②, or 1)-③?   | <b>Yes · No</b> |
| 2)-③ Have you in close contact to someone from countries or areas which are currently subject to denial of entry or quarantine by the Government of Japan? | <b>Yes · No</b> |

## 3. Considerations

Read following considerations and check boxes if you agree.

You may not be allowed in the venue if you leave boxes unchecked.

|  |   |
|--|---|
| ① I hereby certify that the above answers are true and correct. I will call Kobe city “ Novel Coronavirus Health Advice Hotline” and seek their direction in case I have 1)-①, 1)-②, or 1)-③ during the meeting. | <input type="checkbox"/> <b>I agree</b> |
| ② If anyone who participates or engages in the meeting is found to be infected with COVID-19, we will respond to central or local government and provide necessary personal information.                         | <input type="checkbox"/> <b>I agree</b> |

## 4. Information of a person who fill this form

|  |               |            |            |
|--|---------------|------------|------------|
| Date of health monitoring<br>*Circle the appropriate date. | 7/28 (Wed)    | 7/29 (Thu) | 7/30 (Fri) |
| Name   | Name :        |            |            |
|  | Institution : |            |            |
| Contact number   |               |            |            |

\*We require all attendees to submit this form in order to confirm their health conditions and prevent COVID-19 infection during the meeting. Provided personal information will be strictly controlled and stored and used only for determining of admission to the meeting venue and necessary communication. We will not disclose personal information to a third party unless permitted by Private Information Protection Law.

In case anyone in the meeting venue is possibly or found to be infected with COVID-19, we will provide necessary personal information to local authorities, such as public health centers.