**Visitor Screening Questionnaire**

**If you answer “YES” to any of the bellow, you will not be permitted entry to the site or to use the facilities.**

* I do not apply to the following symptoms or statements.

1. Do any of the following symptoms currently relevant to you?

1-① Fever (temperature of 37.5°C or higher, or more than 1°C higher than your normal temperature)

1-② Shortness of breath(difficulty breathing)

1-③ Loss of smell and taste

2. Please review the following statements and select all statements that apply to you:

 2-① You are aware that you have been exposed to someone who has been diagnosed with the Coronavirus (COVID-19) within the last 14 days.

 2-② You or your family member has experienced fever, shortness of breath(difficulty breathing), or a strong feeling of weariness(fatigue) within the last 14 days.

**Period of Stay: ~**

* I do hereby agree that the following:

①I will take the following thorough prevention measures for the spread of the novel coronavirus:

-Covering my mouth and nose with a mask

-Washing my hands often with soap and water

-Taking my temperature and monitoring my health

-Staying at home if I am sick

- Keeping enough distance from others

② If there has been a confirmed case of COVID-19 on the site, NINS\*1 may use and disclose any information related to me only to relevant administrative organs for the purpose of finding clusters of infections. \*1National Institutes of Natural Sciences

**Date:**

Visitor Card Number\*2

**(Signature)**

**Institution\*3:**

\*2Please write your visitor card number

before you leave.

**Phone Number\*3:**

**Email Addresses\*3:**

\*3If you have already submitted any information forms concerning health condition survey to your host researcher, the above

three questions are optional.

**(Host Researcher’s signature\*4)**

\*4If you visit Institute for Molecular Science(IMS) to conduct your research project, you do not need to get your host researcher’s signature. Please follow the rules made by IMS.