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|  |  | **Health Questionnaire** |

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| **Name** |  | **B irthdate** | **(YY/MM/DD)\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Contact No.** |  | **Dept/ Student No.** |  |
| **Address** |  | | |
| **Recently Visited Area(s)** |  | | |

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| **1. Have you been overseas within the last 21 days? If YES, please write down below.**  **□ YES (Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Arrival Date:\_\_\_\_\_\_\_\_\_\_\_) □ NO** |
| **2. Were you in contact with a person infected with COVID-19 and received a notice from a Public Health Center for self-isolation, or received a COVID-19 diagnostic test within the last 14 days?**  **1) Did you receive a COVID-19 test? □ YES (Test Date: ) □ NO**  **2)Did you receive notice for self-isolation? □ YES (Date: ) □ NO** |
| **3. Please mark √ if you have any of the following symptoms. (Check any that applies)**  **□ Fever □ Muscle Pain □ Cough, phlegm □ Runny nose, stuffy nose**  **□ Diarrhea □ Vomiting □ Sore throat □ Difficulty breathing □ None** |
| **4. Have you recently met anyone related to COVID-19**  **(ex: confirmed persons and contacts of confirmed persons)?**  **□ YES □ NO** |

**※ Please fill out the table below truthfully.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Temperature (1st Day)** | **Temperature (2nd Day)** | **Temperature (3rd Day)** | **Temperature (4th Day)** |
| **10 a.m.** | **10 a.m.** | **10 a.m.** | **10 a.m.** |
|  |  |  |  |
| **Temperature (5th Day)** | **Temperature (6th Day)** | **Temperature (7th Day)** |  |
| **10 a.m.** | **10 a.m.** | **10 a.m.** |
|  |  |  |

**\*\* If you have respiratory symptoms such as fever of 37.5˚ C or higher, muscle pain, sore throat, cough, etc., please contact the Korea Disease Control and Prevention Agency at 1339 or GIST’s Section of Safety and Security at 2107.**

**Date : 2021. . .**

**Name and Signature :**

|  |  |  |
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|  |  | **Fever Check Log** |

**○ Lecture Name/Code: ○ Lecture Date and Time:**

**○ Lecture Location: ○ Opening Department:**

**○ Quarantine Manager:**

**[Main] Professor in Charge (seal) [Sub] Assistant (seal)**

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| **No.** | **Name** | **Student No.** | **Department** | **Temperature(℃)** | **Respiratory Symptoms** | **Note** |
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