**COVID-19 Case Report Form**

**Date of submission: / /**

**0. Date of confirmation**

Date of confirmation: / /

[If the form is filled out by someone other than the infected person]

Confirmed: by phone / by email / other ( )

**1. Patient information**

Name (last, first):

Sex:

Age:

**[For students]**

Affiliation (laboratory):

Grade:

Supervisor:

Student ID number:

Nationality:

**[For faculty and staff]**

Affiliation:

Title:

Staff ID number:

**2. Visit to a medical facility**

Date of visit: / /

Name of the medical facility:

**3. Overseas travel history (last one month)**

Yes

Country:

Departure date: / / Return date: / /

No

**4. Recent activities and symptom**

(Please fill in from the day you return from abroad or from two days before the symptom onset date.)

e.g.

Friday, Dec.30: Dinner with a friend who tested positive

Saturday, Dec. 31:

Sunday, Jan. 1: Cough, headache, general malaise, fever of 38 degrees Celsius

Monday, Jan. 2:

Tuesday, Jan. 3: Contacted by the XX health center

Wednesday, Jan. 4 Visited a medical facility and received PCR test

Thursday, Jan. 5 Tested positive

**[Current symptoms]**:

As of: / /

Temperature: degrees C

Cough  
feeling of malaise

Do you always wear a mask when you go out?

Yes / No

**5. Use of public transportation when commuting**

Select one if used from two days before the symptom onset date.

Train [JR/ Keihan/ Hankyu railway XXX station to YYY station]

Bus [Kyoto City/Keihan bus XXX stop to YYY stop]

N/A (Bicycle, etc.)

**6. Any contact you may have had on campus**

(As much as you can remember is fine.)

e.g. I stayed in the GSA Student Office between 1:00 and 2:00 p.m. on January 1.

**7. Do you belong to any club or circle including unofficial ones?**

Yes / No

If yes, please indicate 1) the name of your club or circle and 2) whether or not you have been active in the club or circle since two days before the onset of symptoms.

**8. Infection route (If you have any idea)**

**9. Do you have any close contacts from two days before the symptom onset date?**

Yes

If yes, please list all close contacts and indicate whether they are students of Kyoto University.

e.g. XXXX [living together], YYYY[had lunch together on Jan. 2nd], ZZZZ [went with him to the pub for a drink]

No

**10. Instructions of the local public health center**

e.g. I was instructed to stay at home, and to record my temperature and subjective symptoms every day to report to the local health center.

**11. Contact to parents [Choose one]**

I have contacted them.

I will be contacting them

I have not contacted them.

**12. Access to food and daily necessities**

By family members

By friend

Go shopping by yourself

By delivery

**13. Other information**

e.g.

- Have been hospitalized in XX Hospital from January 1 to 3.

- Staying at my home (without roommates)